Kentucky 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 Kentucky 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 Kentucky 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 Kentucky CCDF Plan - The Plan describes the CCDF program to be administered by Kentucky 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 Kentucky 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 14, 2016

Adria Johnson, Commissioner
Cabinet for Health and Family Services (CHFS/Cabinet), Department for Community Based Services (DCBS)
275 East Main St, 3W-A
Frankfort, KY 40621

Dear Commissioner Johnson:

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 Kentucky 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 Kentucky 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 Kentucky program must be submitted as a plan amendment to your Regional Office for approval in accordance with 45 CFR 98.l8(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 Eric Blanchette, Child Care Program Manager, Office of Child Care at (404) 562-2782 or eric.blanchette@acf.hhs.gov. Thank you for all you do each day for children and families.

Sincerely,

Rachel Schumacher
Director
Office of Child Care

cc: Eric Blanchette, Regional Program Manager, Office of Child Care Region IV

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

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1 Define CCDF Leadership and Coordination with Relevant Systems

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

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

1.1 CCDF Leadership

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

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

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

Name of Lead Agency: Cabinet for Health and Family Services (CHFS/Cabinet), Department for Community Based Services (DCBS)

Address of Lead Agency: 275 East Main St, 3W-A, Frankfort, KY 40621

Name and Title of the Lead Agency Official: Adria Johnson, Commissioner

Phone Number: 502-564-3703

E-Mail Address: adria.johnson@ky.gov

Web Address for Lead Agency (if any): http://chfs.ky.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: TBA Vacant

Title of CCDF Administrator: Director

Address of CCDF Administrator: 275 E. Main Street, 3C-F, Frankfort, Kentucky 40621

Phone Number: 502-564-2524

E-Mail Address:

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

Name of CCDF Co-Administrator: TBA Vacant

Title of CCDF Co-Administrator: Deputy Commissioner

Phone Number: 502-564-3703

E-Mail Address: @ky.gov

Description of the role of the Co-Administrator:

Assist the Director with administration of programs and services and development of state plan.

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any): 502-564-2524

Web Address for CCDF program (for the public) (if any): http://chfs.ky.gov/dcbs/cc/

Web Address for CCDF program policy manual (if any): https://chfsnet.ky.gov/dcbs/dcc/Pages/home.aspx

Web Address for CCDF program administrative rules (if any): http://www.lrc.ky.gov/kar/TITLE922.HTM

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 DCBS-Division of Child Care

Name of Lead Contact Darlene Hoover, Assistant Director

Subsidy/Financial Assistance (section 3 and section 4)

Agency/Department/Entity DCBS-Division of Child Care

Name of Lead Contact Heather Richardson, CCAP Section Supervisor

Licensing/Monitoring (section 5)

Agency/Department/Entity DCBS-Division of Child Care

Name of Lead Contact Amy Booth, Health and Safety Coordinator

Child Care Workforce (section 6)

Agency/Department/Entity DCBS-Division of Child Care

Name of Lead Contact Carrie Anglin, CORE Section Supervisor

Quality Improvement (section 7)

Agency/Department/Entity DCBS-Division of Child Care

Name of Lead Contact Phillip Smith, Quality Section Supervisor

Grantee Accountability/Program Integrity (section 8)

Agency/Department/Entity DCBS-Division of Child Care

Name of Lead Contact Darlene Hoover, Assistant Director

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.

- [x] 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:
    - [x] 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:
    - [x] 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.

☐ Other State/Territory agency.

Describe.

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

Describe.

☐ Child care resource and referral agencies

Describe.

☐ Community-based organizations

Describe.

☐ Other.

Describe.

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

☑ CCDF Lead Agency

☐ TANF agency

Describe.

☐ Other State/Territory agency.

Describe.

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

Describe.

☑ Child care resource and referral agencies

Describe.

Through a contract, the Kentucky Partnership for Early Childhood Services, housed at the University of Kentucky Human Development Institute, provides coordination and support for Kentucky's Child Care Aware, the Child Care Resource and Referral

Network of services throughout the Commonwealth of Kentucky. Services provided through the regional network include linkages to consumer education information to parents, providers, and the general public for families seeking safe, high quality child care.

☐ 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)(I)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

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

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

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

Describe:

DCBS consulted with general purpose local government through its participation on Community Early Childhood Councils. Membership to individual councils is statutorily mandated, and they are charged with creating local vision for early childhood service delivery, including child care.Individuals receiving CCDF funds are members of these councils, along with other general purpose local government.

http://www.lrc.ky.gov/Statutes/statute.aspx?id=42145

Kentucky Revised Statue (KRS) 200.707 The Early Child Childhood Advisory Council, may recognize and fund a community early childhood council composed of members representing various agencies, organizations (both for profit and nonprofit and serving on

a voluntary basis.

a) Early childhood advocate;

(b) Faith community;

(c) Family resource center;

(d) Military establishment;

(e) Child-care resource and referral agency or child-care subsidy agent;

(f) Child-care consumer or parent;

(g) County cooperative extension service;

(h) Department for Public Health;

(i) University, college, or technical school;

(j) United Way;

(k) Kentucky Early Intervention System;

(l) Agency administering services to children with disabilities;

(m) Home visitation agency;

(n) Family literacy agency;

(o) Civic organization;

(p) Public library;

(q) Regional training center;

(r) Community Action Agency;

(s) Government;

(t) Business community;

(u) Home schooling association;

(v) Health care professional;

(w) Foster care parent; or

(x) Adoptive parent.

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

Describe:

The Kentucky State Child Care Administrator is statutorily mandated, as is the Secretary of the Cabinet, as a voting member of the Early Childhood Advisory Council. Furthermore, DCC and contracted entities are represented on all of the appropriate subcommittees of the Early Childhood Advisory Council charged with making recommendations to the Council. Members of the Early Childhood Advisory Council have

the opportunity to review the draft plan and make recommendations for revisions.
http://www.lrc.ky.gov/Statutes/statute.aspx?id=42143
Kentucky Revised Statue (KRS) 200.700 Early Childhood Advisory Council membership shall consist of the following twenty-six (26) members:
(a) The state director of Head Start Collaboration;
(b) The secretary of the Education and Workforce Development Cabinet or designee;
(c) The secretary of the Cabinet for Health and Family Services or designee;
(d) One (1) nonvoting ex officio member from the House of Representatives who shall be appointed by and serve at the pleasure of the Speaker of the House;
(e) One (1) nonvoting ex officio member from the Senate who shall be appointed by and serve at the pleasure of the President of the Senate;
(f) Six (6) private sector members knowledgeable about the health, mental health, education, and development of prenatal to school entry children who shall be appointed by the Governor. One (1) private sector member shall be appointed from each congressional district;
(g) Seven (7) citizens at large of the Commonwealth who shall be appointed by the Governor;
(h) One (1) early childhood development advocate who shall be appointed by the Governor;
(i) One (1) member representing higher education with expertise in early childhood who shall be appointed by the Governor; and
(j) Six (6) members appointed by the Governor, including one (1) member from a Head Start program located in the state, one (1) member from a local education agency, one (1) member from the state agency responsible for education, one (1) member from the state agency responsible for child care, one (1) member from the state agency responsible for Part C of the Individuals with Disabilities Education Act (IDEA), and one (1) member from the state agency for health and mental health.

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

- [x] Yes,
- [ ] No.

If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(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:

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

Describe:

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

Describe:

DCBS consulted with the Department of Higher Education and University of Kentucky in the development of the plan through review of the draft plan and opportunity for revisions.

☑ State/Territory agency responsible for child care licensing.

Describe:

DCBS consulted with the Office of the Inspector General in the development of the plan through review of the draft plan and opportunity for revisions. This is an agency internal to CHFS.

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

Describe:

DCBS consulted with the Head Start State Collaboration Director in the development of the plan through review of the draft plan and opportunity for revisions.

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

Describe:

DCBS consulted with the Early Head Start-Child Care Partnership grantees in the development of the plan through review of the draft plan and opportunity for revisions.

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

Describe:

DCBS consulted with the Department of Education CACFP in the development of the plan through review of the draft plan and opportunity for revisions.

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

Describe:

DCBS consulted with the Kentucky's Department for Public Health Division of Maternal and Child Health, and Nutrition Services Branch, which administers the federally funded Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in the development of the plan, through review of the draft plan and opportunity for revisions.

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

Describe:

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

Describe:

DCBS consulted with the Department of Public Health in the development of the plan through review of the draft plan and opportunity for revisions. This is an agency internal to CHFS.

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

Describe:

DCBS consulted with the Department of Public Health and Medicaid in the development

of the plan through review of the draft plan and opportunity for revisions. This is an agency internal to CHFS.

☑ McKinney-Vento State coordinators for Homeless Education.

Describe:

DCBS consulted with the State Coordinator in the development of the plan through review of the draft plan and opportunity for revisions.

☑ State/Territory agency responsible for public health.

Describe:

DCBS consulted with the Department of Public Health in the development of the plan through review of the draft plan and opportunity for revisions. This is an agency internal to CHFS.

☑ State/Territory agency responsible for mental health.

Describe:

DCBS consulted with the Department of Behavioral Health and Intellectual Disabilities in the development of the plan through review of the draft plan and opportunity for revisions. This is an agency internal to CHFS.

☑ State/Territory agency responsible for child welfare.

Describe:

DCBS consulted with programmatic leads in its Division of Protection and Permanency in the development of the plan through review of the draft plan and opportunity for revisions. This is an agency internal to DCBS.

☐ State/Territory liaison for military child care programs.

Describe:

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

Describe:

DCBS consulted with the Department of Workforce Development in the development of the plan through review of the draft plan and opportunity for revisions.

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

Describe:

DCBS consulted with programmatic leads in its Division of Family Support in the development of the plan through review of the draft plan and opportunity for revisions. This is an agency internal to DCBS.

☐ State/community agencies serving refugee or immigrant families.

Describe:

☑ Child care resource and referral agencies.

Describe:

DCBS consulted with the Child Care Resource and Referral Network in the development of the plan through review of the draft plan and opportunity for revisions. DCBS contracts with Kentucky Partnership for Early Childhood Services housed at the University of Kentucky Human Development Institute to provide a statewide Kentucky Child Care Aware Child Care Resource and Referral (CCR&R) network services under a regional coordination of services model.

☐ 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: 02/15/2016

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.

The committees' meeting time, location, and tentative agenda were posted the night before. DCBS also advertised, distributed via email distribution lists, and posted the preliminary state plan on its website for public comment.

Division of Child Care

http://chfs.ky.gov/dcbs/dcc/

The Legislative Research Commission posts a calendar of the standing and interim committees, as well as a daily calendar, accessible from the main site: http://www.lrc.ky.gov/

The DCBS-Division of Child Care also distributed the notice of the plan in the state's major newspapers, through email distribution lists, and on its website.

The Kentucky Legislature makes effort to ensure the pages of this website are accessible to individuals with disabilities in accordance with Section 508 of the Rehabilitation Act. Additionally, the Commonwealth of Kentucky has adopted the World Wide Web Consortium's Web Content Accessibility Guidelines 1.0 Conformance Level "Double-A". The Commonwealth of Kentucky provides, upon request, reasonable accommodations, including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs, and activities. To request materials in an alternative format, each agency's website provides information for contacting the person or persons responsible for providing the service within the agency. Persons with hearing and

speech impairments can contact each agency by using the Kentucky Relay Service, a toll-free telecommunication device for the deaf (TDD). For voice to TDD, call 800-648-6057. For TDD to voice, call 800-648-6056. (http://www.lrc.ky.gov/Accessibility.htm) In addition, the location of the Capital Annex for which open public hearings are handicapped accessible.

c) Date(s) of public hearing(s): 03/03/2016

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

d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed The Legislative Research Commission hosted the primary public hearings for the preliminary state plan. Other solicitation methods included statewide email distribution and posting the preliminary plan on the DCBS-Division of Child Care website.

e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) The preliminary plan was submitted in hardcopy to the Legislative Research Commission and was made available through the Internet, email, and newspaper advertisement.

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? Public comments will be received through the public hearing(s) and written submissions. Comments will be recorded and reviewed. A written response will be provided for each comment.

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

☐ Working with advisory committees.

Describe:

☐ Working with child care resource and referral agencies.

Describe:

☐ Providing translation in other languages.

Describe:

☑ Making available on the Lead Agency website.

List the website:

http://chfs.ky.gov/dcbs/dcc/

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

Describe:

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

Describe:

The draft plan will be posted on the division's website. Also, the Legislative Research Commission will provide other opportunity for public hearing(s) in accordance with Kentucky Revised Statute (KRS) Chapter 45.

☐ 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 Education and Kentucky Head Start grantees are partners with DCBS. These entities work collaboratively to ensure children are ready to succeed in school, including wrap-around service coordination with child care providers to expand accessibility and continuity of care, and to assist children enrolled in early childhood programs to receive full-day services.

☑ [REQUIRED IF APPLICABLE] Tribal early childhood programs.

Describe, including which Tribes coordinating with:

n/a

☑ 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:

DCBS regularly partners with the Department for Public Health (Kentucky's Part C agency) to encourage smooth transitions of infants and toddlers with disabilities.

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

Describe:

DCBS-Division of Child Care plans to coordinate with Kentucky Department of Education, which employs the McKinney-Vento State Coordinator for Education of Homeless Children and Youth. DCC has an established interagency collaboration with the DCBS-Division of Permanency and Protection and other Local Education Liaisons to identify homeless families. Priority status will be given to homeless children and families to ensure compliance with this provision of the law. Furthermore, the DCC is in the process of refining and/or developing policies and procedures for prioritizing access to child care for homeless children and families through coordination of services ensuring families have information on all

available programs and services, such as HANDS, Head Start, and child mental health and other appropriate services.

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

Describe:

DCBS-Division of Protection and Permanency leads policy and procedure development for field staff to use during the investigation of allegations of child abuse, neglect, and dependency; and to support permanency services for children.

☑ State/Territory agency responsible for child care licensing.

Describe:

DCBS contracts with the Cabinet's Office of Inspector General (OIG) to license and monitor licensed child-care centers and certified family child-care homes pursuant to Kentucky statues and regulations.

☑ State/Territory agency with Head Start State collaboration grant.

Describe:

DCBS coordinates with the Kentucky Head Start State Collaboration Director to work with families and early care and education providers to provide healthy environments and developmental experiences that promote growth and learning to ensure that all children enter school eager and excited to learn.

☑ State Advisory Council authorized by the Head Start Act.

Describe:

The DCBS-Division of Child Care Director is one of 26 council members appointed to serve on the Kentucky Early Childhood Advisory Council to strengthen state, regional, and local level coordination and collaboration among the various sectors and settings of early childhood program throughout the Commonwealth.

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

Describe:

DCBS, in coordination with Head Start Collaboration Director, regularly meets with the Early Head Start-Child Care Partnership grantees to discuss barriers to seamless service delivery and strategize ways to improve services.

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

Describe:

DCBS-Division of Child Care plans to coordinate with Kentucky Department of Education, which employs the McKinney-Vento State Coordinator for Education of Homeless Children and Youth.

☑ Child care resource and referral agencies.

Describe:

DCBS-Division of Child Care and Kentucky Child Care Resource and Referral Network collaborates and coordinates to promote health, safety, and quality.

☑ State/Territory agency responsible for public education.

Describe:

The Department of Education is a major partner with DCBS, as both entities work collaboratively to assure children are ready to succeed in school, including wrap-around service coordination with providers.

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

Describe:

DCBS-Division of Child Care and representatives from the community and technical colleges and state universities collaborate to promote professional development educational opportunities leading to enhanced quality environments for children.

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

Describe:

The Department of Education currently administers the Child and Adult Care Food Program (CACFP). DCBS collaborates with the CACFP to promote healthy nutrition and exercise for children in out of home care.

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

Describe:

DCBS Division of Child Care collaborates with the Kentucky Department for Public Health Obesity Prevention Program to improve the quality and access of healthy foods, physical activity, and breastfeeding support to early care and education providers through training,

resources, and technical assistance. The Division designee serves on the Early Care and Education Committee of The Partnership for a Fit Kentucky and endorses the 5-2-1-0 Healthy Numbers for Kentucky Families campaign to encourage parents to adopt simple strategies to prevent obesity in preschoolers.

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

Describe:

Kentucky developed its School-Age Quality Framework through a collaborative effort among DCC, the Department of Education 21st Century Community Learning Centers initiative, and the Kentucky Out of School Alliance. Kentucky also funds Family Resource and Youth Services Centers to enhance students' ability to succeed in school by developing and sustaining partnerships that promote: early learning and successful transition to school; academic achievement and well-being; and graduation and transition into adult life.

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

Describe:

Efforts between DCBS and Department for Public Health- Division of Maternal and Child Health are geared toward joint screening and training of practitioners. Home visitors are also provided updates to child care rules and regulations as a means of helping first-time parents choose quality arrangements for their children.

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

Describe:

DCBS coordinates with the Department for Medicaid Services and the Department of Public Health to include access to comprehensive services to children in child care settings. This is an agency internal to CHFS.

☑ State/Territory agency responsible for public health.

Describe:

Department for Public Health (DPH), Division of Maternal and Child Health includes the First Steps Program (Part C), the Health Access Nurturing Development and Services (HANDS) program (Home Visitation), and Child Care Health Consultation Program. The Division of Child Care coordinates with each of these programs through shared training, information

exchange, and MOU's. The Strengthening Families initiative through DPH has been adopted throughout state agencies, and DCBS participates in the committees.

☑ State/Territory agency responsible for mental health.

Describe:

DCBS and Department for Behavioral Health, Developmental and Intellectual Disabilities work cooperatively to ensure effective delivery of behavioral health, developmental and intellectual disability services to Kentuckians. The Division of Child Care coordinates with this agency through shared training, information exchange, and joint steering committees with common goals.

☑ State/Territory agency responsible for child welfare.

Describe:

DCBS Division of Protection and Permanency leads policy and procedure development in an effort to prevent or intervene in child maltreatment; this division ensures procedures for vulnerable families to be eligible for CCAP.

☐ State/Territory liaison for military child care programs.

Describe:

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

Describe:

The Department for Workforce Investment, Office of Employment and Training connects clients to employment, workforce information, education and training. This agency refers clients for DCBS/CCAP services. Additionally, Kentucky's Resource and Referral Network utilizes regional workforce development specialists to provide training, skill development, and consultation for small business.

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

Describe:

DCBS-Division of Family Support is responsible for administering the Supplemental Nutrition Assistance Program (SNAP), the Kentucky Transitional Assistance Program (K-TAP) or cash assistance, Kentucky Works Program (KWP), Family Alternatives Diversion Program, and

eligibility determination for Medicaid programs. DFS coordinates with the DCC to provide child care services through application and referral of TANF-eligible families.

☑ State/Territory community agencies serving refugee or immigrant families

Describe:

The Cabinet for Health and Family Services works to build relationships and coordination efforts with non-profit organizations assisting refugees or immigrant families' access state resources to promote self-sufficiency and successful integration into the local community.

☑ Provider groups or associations.

Describe:

The DCBS-Division of Child Care collaborates with Kentucky Out of School Alliance (KYOSA) to establish afterschool quality standards as well as professional development training targeted to providers in afterschool settings. This collaboration with KYOSA focuses to establish afterschool quality standards as well as professional development training targeted to providers in afterschool settings.

☐ 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

State Master Tobacco Settlement Agreement funds, State General Funds, Temporary Assistance for Needy Families block grant (TANF) are used to implement and administer programs funded in part or in whole by the federal Child Care and Development (CCDF).

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

Expected outcomes:

- Improve access to child care services for homeless children.
- Establish qualifications and reliability training for licensing inspectors
- Establish a system for annual inspection of child-care providers to ensure compliance with licensing standards and regulations.
- Establish a 12-month eligibility re-determination period for CCDF families.

- Establish a comprehensive criminal background checks for child-care providers and child care staff members.
- Enhance current quality activities that relate to improving the quality of care for infants and toddlers.
- Enhance information available through public access portal to licensing monitoring and inspection reports.
- Establish annual home visits for registered providers within 90 days of the provider's approval along with a completed DCC-107A Registered Provider Home Safety Checklist.
- Allow low-income working families, who have suffered loss of employment or a reduction in hours due to not fault of their own, 90 days for job search to secure new employment while receiving child care subsidy.
- Establish a graduated phase-out of assistance for families whose income has increased at the time of redetermination.

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

The DCBS-Division of Administration and Financial Management (DAFM) supports and oversees DCBS' budgeting accounting functions. DAFM prepares the Comprehensive Annual Financial Report and components of the CHFS Cost Allocation Plan, manages grants and payments, performs audits; and conducts contract development, maintenance, and monitoring.

How are the funds tracked and method of oversight

Funds are tracked through a system of internal controls within the accounting and policy organizational structure of DCBS and its CHFS-level partners, the Division of General Accounting and the Office of Policy and Budget.Within the State's financial management system, the enhanced Management Administrative Reporting System (eMARS) is used to track and provides accountability for funds and their disbursement: http://finance.ky.gov/internal/eMARS/.Assessment of the state's internal controls is made annually by the State Auditor of Public Accounts.

☐ 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.

The Cabinet has committed to ongoing endeavors to encourage the private sector to meet employee needs for child care. KRS 199.8992 charges the Cabinet with stimulating employer involvement in improving the affordability, availability, safety, and quality of child care for their employees and for the community. DCC, through subcontracts with Kentucky's Child Care Resource and Referral Network, has conducted several outreach activities targeted at local businesses, inclusive of a marketing plan with material and information to employers on the importance of high quality child care to the business community. CCDF-funded programs regularly meet with private, faith based, and community-based organization to strategize ways to partner and minimize duplication of service delivery.

Community Early Childhood Councils (CECC) was created under KRS 200.707 to improve the quality and availability of child care, especially in low resource or high need areas. CECCs are used as a vehicle for bringing together community members to support issues of importance to children and families. CECCs provide a mechanism for attracting and assessing the unique local early care and education needs of a community. CECCs may apply for additional resources to meet these needs, as well as afford citizens the opportunity to provide input to state policy makers and planners.

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&Ragencies 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:

The Kentucky Partnership for Early Childhood Services, housed at the University of Kentucky Human Development Institute, is funded through the Cabinet to provide coordination and administration of statewide Kentucky Child Care Resource and Referral (CCR&R) network services. Services provided through the CCR&R regional network include eight (8) Regional Child Care Administrators, five (5) Content Area Coordinators, one (1) TA Specialist Health/Safety, four (4)Technical Assistance QRIS Specialist, twenty-four (24) Quality Coaches, four Technical Assistance Health/Safety Coaches, four (4)Training Coaches, and thirteen (13) Professional Development Coaches to ensure adequate supply of quality child care programs and services are available in each regional hub covering the Area Development District. The DCBS-Division of Child Care through its CCR&R contract works actively to meet the needs of families, provide referral information to families seeking child care, increase family knowledge of the characteristics of high quality early care and education services, and increase provider access to training and/or professional development opportunities.

☐ 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

Kentucky's Division of Emergency Management (http://kyem.ky.gov/) maintains the plan for the state in the event a locality's resources are below those needed to respond and recover from an emergency or disaster. In 2011, the Division of Emergency Management worked with partners to rewrite the disaster plan (a.k.a., emergency support functions or ESF) to ensure it informs local planning efforts and is updated in regular intervals. State- and county-level plan documents can be located at: http://kyem.ky.gov/programs/Pages/Planning.aspx.

The Department for Community Based Services (Department or DCBS) contributed to ESF 6, 8, and 14 and their recent update, and DCBS serves as support agency for those functions.

Within the Cabinet for Health and Family Services (CHFS) of which DCBS is an organizational unit, the Department for Public Health (http://chfs.ky.gov/dph/epi/preparedness/) takes the lead in the event of a state-declared health emergency or disaster in Kentucky, or in response to a partner state's emergency or disaster.

Both the Division of Emergency Management and the Department for Public Health staff emergency operation centers during these times and engage DCBS for emergency social services, child care, and public assistance as needed. These entities also manage Kentucky resources in the event another state requires assistance up to and following a disaster or emergency. For example, Kentucky supported Louisiana residents who were temporarily relocated out-of-state in anticipation of another hurricane event, Gustav, following Katrina in 2005.

The Department has been able to maintain an understanding of the state's comprehensive disaster and emergency framework and provide input through its ongoing partnerships and collaborations. The Department provides representation and necessary contacts for

statewide disaster/emergency preparedness groups and specialists (e.g., Kentucky Community Crisis Response Board, Kentucky Functional Needs Collaborative, and Kentucky Division of Emergency Management's plan administrators, Emergency Management Specialist for the Administration for Children and Families-Region IV, and Administrative Office of the Courts). As able, DCBS sends a representative to participate in the Health and Medical Preparedness Advisory Committee and its subcommittee, the Kentucky Functional and Access Needs Collaborative, facilitated by the Department for Public Health. The subcommittee, in particular, is focused on populations with special needs during a disaster. The populations include seniors, individuals in congregate care, and individuals with disabilities, English learners, and children. The committee and subcommittee meet no less than quarterly on the same day. The DCBS Commissioner is statutorily a member of the Kentucky Community Crisis Response Board. The Commissioner sends a designee to the board's quarterly meeting as workload allows. The board's website: http://kccrb.ky.gov/.
Kentucky has not created a Taskforce on Children in Disasters due to the duplication and possible conflict with ongoing groups' efforts.
Like many human services agencies, DCBS continues to gain more in-house expertise with continuity of operations planning and emergency preparedness. Departmental staff participates in trainings, conferences, webcasts, and informational calls to the extent agency priorities and resources allow.
The Department's Central Office, in partnership with its regional offices and service agents, can mobilize staff from surrounding counties/regions and other resources to ensure service coverage for a local office whose capabilities have been compromised by a disaster or an emergency. In addition to resources within the agency, DCBS is able to access additional communication and a technology resource through sister state agencies and has means through these partnerships to better adapt to the scope of an emergency or disaster. DCBS Central Office regularly, if not daily, also participates in debriefings and supports communications among state agency partners when a state/federal disaster or emergency is declared.
In early March 2012, for example, a series of tornadoes devastated 21 counties, which were declared by the Federal Emergency Management Agency as disaster areas. One of the DCBS' local offices was destroyed. The Department relocated the impacted local office staff and operations to a temporary structure for the immediate recovery and into a permanent facility quickly with the support of the Kentucky Department for Public Health and the Cabinet for Health and Family Services' Office of Administrative and Technology Services.
Emergency Disaster Preparation in Child Care:

In the 2011 Regular Session, a new Kentucky statute was created that required licensed child-care centers to create and maintain evacuation plans, inclusive of a reunification component and considerations of children with special needs, and share those plans annually with local emergency management personnel and parents. In the 2012 Regular Session, this statute was amended to also apply to certified family child-care homes, providers serving a smaller number of children in the provider's home. Enforcement of the statute began in 2012 following better than a year of collaborative work with the Kentucky Department of Public Health and Division of Emergency Management to include the development of a free, online evacuation plan template and training for child care providers, and enhanced awareness on the part of local emergency management. On September 13, 2012, the Department formally proposed six administrative regulations to incorporate the evacuation plan requirement within the standards for all child care providers in Kentucky, including registered providers in CCAP (i.e., family, friend, or neighbor providers). The administrative regulations were adopted into law March 8, 2013.

In child care, every employee of a licensed, certified, or registered child care provider with care responsibilities is required to have a six-hour Orientation training within the first 90 days of employment. An entire section of the training is devoted to emergency procedures. This section was modified in 2010 to address evacuation of children with special needs and emphasize the importance of knowing community emergency response plans.

The Child Care Resource and Referral Agencies (represented statewide) are members Child Care Aware (CAA) and provide ongoing training and technical assistance on emergency preparedness through their websites and other continuing education and professional development opportunities.

The Child Care Health Consultation for Healthy Start in Child Care Program, through the Department for Public Health, provides training and technical assistance to child care providers utilizing the Caring for Our Children Resource as a basis for "best practice". Emergency procedures and plans are embedded throughout the Resource.

Kentucky child care preparedness resources can be accessed at: http://training.chfs.ky.gov/Child_Care_Preparedness/html/index.html.

Save the Children, an independent organization promoting children's issues nationally and internationally, evaluated states' preparedness on behalf of children. Kentucky received positive ratings in all four standards areas for assistance in completing an evacuation plan in accordance with KRS 199.895 and administrative regulation, child care programs are encouraged to use the Division of Child Care Emergency Disaster Preparedness Technical

Assistance for child care guide located at:

http://training.chfs.ky.gov/Child_Care_Preparedness/html/index.html

☐ 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?)

Various agencies and department programs in Kentucky work collaboratively to assess community needs through data analysis, census, and current economic data; conduct outreach; engage in efforts to increase public awareness; and complete inter-agency referrals.

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.

DCBS-Division of Child Care partners with other divisions within the Department of Community Based Services, the Division of Protection and Permanency and Family Support, which includes Supplemental Nutrition Assistance Program (SNAP). Also, partnership occurs with Women, Infants and Children program (WIC), Early Head Start, the Child and Adult Care Food Program (CACFP), Department of Public Health Child Care Mental Health Consultants, and community local Child Care Resource and Referral (CCR&R) agencies.

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

Families, providers, and service agencies are notified via website, email, newsletter and/or direct mail inserts in invoice mailings. The Division of Child Care also distributes a statewide newsletter to approximately 900 providers, service agencies, and contract staff.

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

- [x] Electronically via online application, mobile app or email.

  Provide link https://childcarecouncilofky.wufoo.com/forms/q1vbk9nc169yxdc/

- [x] In-person interview or orientation.

  Describe agencies where these may occur:

  An in-person interview may occur onsite at DCBS offices across the state in each county.

- [x] Phone
- [x] Mail
- [ ] At the child care site
- [ ] At a child care resource and referral agency.
- [x] Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations.

  Describe:

  Both KICCS and ECE-TRIS run flash pages alerting partners of necessary information for parents. Partnering agencies communicate the necessary information to parents.

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

  Describe:

- [ ] Other strategies.

  Describe:

2.2 Consumer Education Website

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

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

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

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

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

consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) If regulatory changes are necessary, DCBS will promulgate an administrative regulation, which will require internal vetting as well as a public hearing and public comment period and legislative oversight processes. The promulgation of administrative regulations is governed by KRS Chapter 13A.

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

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

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

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

Practice and procedural changes and technology enhancements will be identified and implemented by September 2016. There are no known regulatory or legislative impacts.

Activities:

January 2016-three workgroups will be formed as outlined in this section

1. Expulsion of pre-school children-The Federal Policy Statement and a Kentucky specific white paper will be the foundation for development of a Kentucky Policy Statement with the potential for establishment of associated regulation(s).

2. Continuity of Care-Guidance specific to consistent caregiver-child relationships within child care settings will be developed, and a policy statement will be considered with the potential for establishment of associated regulation(s).

3. Social Emotional/Behavioral Health Training Content-A wide variety of training is available specific to the topic. This group will assess content, availability, and regulatory expectations to ensure providers are adequately equipped to address

the social emotional/behavioral health of children, including positive behavioral intervention and support models with the potential for regulatory modification.
January 2016-Partner agencies named in this section will identify workgroup members.
February 2016-Workgroups will convene and meet at least monthly thereafter.
August 2016-Written policy statements from each workgroup will be finalized.
September 2016-Guidance regarding the written policy statements will be disseminated to parents, providers and the general public.
September 2016-The regulations will be initiated, if necessary, as indicated by each workgroup

Projected end date for each activity
January 29, 2016-By this date workgroup, members will be named.
February 29, 2016-By this date, workgroup members will be confirmed, and the first meeting for each workgroup will convene.
August 31, 2016-By this date, written policy statements from each workgroup will be finalized.
September 30, 2016-By this date, guidance regarding the written policy statements will be disseminated to parents, providers and the general public.
September 30, 2016-By this date, if regulation amendments or development has been identified, the process will be initiated
September 30, 2016-By this date, the workgroups will disband. Each workgroup can vote to continue indefinitely if deemed necessary for ongoing support of the initiative.

Projected start date for each activity: 01/01/2016
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity The Cabinet for Health and Family Services, Department for Community Based Services, Division of Child Care

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

DCC will partner with the Department for Behavioral Health, Developmental and Intellectual Disabilities; the Department for Public Health Division of Maternal and Child Health; the University of Kentucky Human Development Institute (CCR&R network); the Kentucky Partnership for Families and Children; the

Kentucky Department of Education, and the Kentucky Center for Instructional Discipline responsible for assisting school districts and others in implementing positive behavioral intervention and support (PBIS) and additional partners as identified by the aforementioned partners.

2.2.2 Describe how the State/Territory makes information availabe 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 Kentucky Integrated Child Care System (KICCS) is a web-based portal available to parents, families, providers and the general public to research child care services available state-wide.

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

The Cabinet for Health and Family Services makes Language Access Services available to persons with Limited English Proficiency. Interpretation is provided free-of-charge to clients of the Cabinet. All written materials and direct communication can be translated by Language Access staff and other resources as needed.

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

The DCBS-Division of Child Care, through a contract with the University of Kentucky for Child Care Aware CCR&R Network, provides consumer education to families seeking child-care services via a centralized statewide referral call center.

The Division of Family Support and the Division of Child Care are two of three programmatic divisions in DCBS. These divisions provide information to field staff in their provision of direct service or benefit delivery. Family Support field staff provide eligibility and enrollment services for public assistance programs, including Medicaid, various programs funded through the Temporary Assistance for Needy Families block grant (TANF), and the Supplemental Nutrition Assistance Program (SNAP). Family support field staff addresses child care needs of public assistance applicants and recipients by approving child care

benefits or referring applicants or recipients to the designated service agent for an eligibility determination.

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 Kentucky Integrated Child Care System (KICCS) is a web-based portal available to parents, families, providers and the general public to research child care services available state-wide:

https://prdweb.chfs.ky.gov/kiccspublic/providersearchpublic.aspx

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

Quality-rated programs are denoted in the KICCS system. A web-based search portal allows parents to search by quality rating. Quality-rated programs are awarded a certificate of achievement, which can be displayed for public view.

Quality-rated programs are denoted in the KICCS system web-based search portal, which allows parents to search by quality rating level. Videos are available on the Cabinet's YouTube channel and describe Kentucky's STARS for Kids Now Quality Rating System. Quality-rated programs are awarded a certificate of achievement, which can be displayed for public view at program sites. Child Care Aware of Kentucky, the Child Care Resource and Referral Network, also provides information on their website about choosing child care and characteristics of quality child care. The Child Care Aware of Kentucky website meets ADA requirements.

In addition to web-based information, written materials on choosing child care and characteristics of quality child care are provided through three main approaches:

1. When a family calls the Child Care Aware of Kentucky Child Care Referral Specialist,

written materials are mailed to the individual seeking care to assist them in their child care search. These materials include a list of program referrals that most likely meet the needs of the family based on information provided to the Referral Specialist. Brochures detailing important questions to ask when looking for child care and information about Kentucky's STARS for Kids Now Quality Rating System are also included.

2. The brochures mentioned in 1 above are also utilized by Child Care Aware of Kentucky Coaches while working in local communities in every county in Kentucky. Coaches work directly with regulated child care programs, local early childhood stakeholders, and families. They attend local Community Early Childhood Councils meeting during which they educate members on quality. They attend local events targeting families with young children and provide the brochures mentioned above. These events provide opportunities to have conversations with families about selection of a provider and quality child care. Materials are also available for distribution to agencies that work with special populations, such as grandparents raising grandchildren.

3. Service workers in other assistance programs administered by the Cabinet for Health and Family Services, such as the Child Care Assistance Program; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and the Health Access Nurturing Development Services (HANDS) program, a voluntary home visitation program for any new or expectant parents, also provide information on what to look for when choosing child care and Kentucky's STARS for Kids Now Quality Rating System to families applying for and participating in the programs.

Every effort has been made to ensure the web pages are accessible to individuals with disabilities in accordance with Section 508 of the Rehabilitation Act. Additionally, the Commonwealth of Kentucky has adopted the World Wide Web Consortium's Web Content Accessibility Guidelines 1.0 Conformance Level "Double-A".

The Commonwealth of Kentucky provides, upon request, reasonable accommodations, including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs, and activities. To request materials in an alternative format, each agency's website provides information for contacting the person or persons responsible for providing the service within the agency. Persons with hearing and speech impairments can contact each agency by using the Kentucky Relay Service, a toll-free telecommunication device for the deaf (TDD). For voice to TDD, call 800-648-6057. For TDD to voice, call 800-648-6056.

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

DCC partners with state universities as well as Child Care Aware to educate parents, providers, families, and the general public about quality child care services available throughout the state.

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 Department of Community Based Services human services programs, including the Division of Child Care, provide parents applying for benefits informational materials regarding all services provided by the CHFS. Improved linkages are under development. The term "Linkages" is referring to integrating the Child Care Program Eligibility and Enrollment functionality into the Cabinet for Health and Family Services Benefind system, creating a seamless access to child care services and reducing duplication of tasks and function of various assistance programs through shared flow of information.

b) Head Start and Early Head Start Programs

The Division of Child Care provides a parent applying for benefits informational materials regarding Head Start and Early Head Start Programs.

c) Low Income Home Energy Assistance Program (LIHEAP)

The Department of Community Based Services human services programs, including the Division of Child Care, provide parents applying for benefits informational materials regarding all services provided by the Cabinet. Improved linkages are under development.

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

The Department of Community Based Services human services programs, including the

Division of Child Care, provide parents applying for benefits informational materials regarding all services provided by the Cabinet. Improved linkages are under development.

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

The Department for Public Health and its partners provide parents applying for benefits informational material.

f) Child and Adult Care Food Program(CACFP)

The Kentucky Child Care Resource and Referral Agencies' Health and Safety Coaches conduct "Getting Started in Child Care" free consultation and guidance to prospective and existing licensed and certified child care providers. Informational resources include CACFP.

g) Medicaid

Medicaid Eligibility determinations for Medicaid and CHIP are functions of DCBS. Improved linkages are under development.

h) Children's Health Insurance Program (CHIP)

Eligibility determinations for Medicaid and CHIP are functions of DCBS. Improved linkages are under development.

i) Individuals with Disabilities Education Act (IDEA)

Information not available

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

Information not available

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

DCC partners with the Department for Public Health (DPH) providing child mental health and home visiting services. Parents receive written materials regarding DPH and referral 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)

In addition to the provision of information to families upon application for public assistance

programs, DCBS and its partners communicate informational resources to child care providers through online resources, quality rating, and technical assistance.

The Cabinet for Health and Family Services (CHFS) is home to most of the state's human services and health care programs, including the Department for Medicaid Services, the Department for Community Based Services, and the Department for Public Health.

The Department for Community Based Services provides family support, child care, child and adult protection, eligibility determinations for Medicaid and food benefits, and administration of the energy assistance program. In addition, DCBS administers the state foster care and adoption systems and recruits and trains parents to care for the state's children who are waiting for a permanent home.DCBS has offices in every county.

b) Head Start and Early Head Start Programs

In addition to the provision of information to families upon application for public assistance programs, DCBS and its partners communicate informational resources to child care providers through online resources, quality rating, and technical assistance.

c) Low Income Home Energy Assistance Program (LIHEAP)

In addition to the provision of information to families upon application for public assistance programs, DCBS and its partners communicate informational resources to child care providers through online resources, quality rating, and technical assistance.

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

In addition to the provision of information to families upon application for public assistance programs, DCBS and its partners communicate informational resources to child care providers through online resources, quality rating, and technical assistance.

The Cabinet for Health and Family Services (CHFS) is home to most of the state's human services and health care programs, including the Department for Medicaid Services, the Department for Community Based Services, and the Department for Public Health.

The Department for Community Based Services provides family support, child care, child and adult protection, eligibility determinations for Medicaid and food benefits, and

administration of the energy assistance program. In addition, DCBS administers the state foster care and adoption systems and recruits and trains parents to care for the state's children who are waiting for a permanent home.DCBS has offices in every county.

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

In addition to the provision of information to families upon application for public assistance programs, DCBS and its partners communicate informational resources to child care providers through online resources, quality rating, and technical assistance.

The Cabinet for Health and Family Services (CHFS) is home to most of the state's human services and health care programs, including the Department for Medicaid Services, the Department for Community Based Services, and the Department for Public Health.

The Department for Community Based Services provides family support, child care, child and adult protection, eligibility determinations for Medicaid and food benefits, and administration of the energy assistance program. In addition, DCBS administers the state foster care and adoption systems and recruits and trains parents to care for the state's children who are waiting for a permanent home.DCBS has offices in every county.

f) Child and Adult Care Food Program(CACFP)

In addition to the provision of information to families upon application for public assistance programs, DCBS and itspartners communicate informational resources to child care providers through online resources, quality rating, and technical assistance.

g) Medicaid

In addition to the provision of information to families upon application for public assistance programs, DCBS and its partners communicate informational resources to child care providers through online resources, quality rating, and technical assistance.

The Cabinet for Health and Family Services (CHFS) is home to most of the state's human services and health care programs, including the Department for Medicaid Services, the Department for Community Based Services, and the Department for Public Health.

The Department for Community Based Services provides family support, child care, child and adult protection, eligibility determinations for Medicaid and food benefits, and

administration of the energy assistance program. In addition, DCBS administers the state foster care and adoption systems and recruits and trains parents to care for the state's children who are waiting for a permanent home.DCBS has offices in every county.

h) Children's Health Insurance Program (CHIP)

In addition to the provision of information to families upon application for public assistance programs, DCBS and its partners communicate informational resources to child care providers through online resources, quality rating, and technical assistance.

The Cabinet for Health and Family Services (CHFS) is home to most of the state's human services and health care programs, including the Department for Medicaid Services, the Department for Community Based Services, and the Department for Public Health.

The Department for Community Based Services provides family support, child care, child and adult protection, eligibility determinations for Medicaid and food benefits, and administration of the energy assistance program. In addition, DCBS administers the state foster care and adoption systems and recruits and trains parents to care for the state's children who are waiting for a permanent home.DCBS has offices in every county.

i) Individuals with Disabilities Education Act (IDEA)

In addition to the provision of information to families upon application for public assistance programs, DCBS and its partners communicate informational resources to child care providers through online resources, quality rating, and technical assistance.

The Cabinet for Health and Family Services (CHFS) is home to most of the state's human services and health care programs, including the Department for Medicaid Services, the Department for Community Based Services, and the Department for Public Health.

The Department for Community Based Services provides family support, child care, child and adult protection, eligibility determinations for Medicaid and food benefits, and administration of the energy assistance program. In addition, DCBS administers the state foster care and adoption systems and recruits and trains parents to care for the state's children who are waiting for a permanent home.DCBS has offices in every county.

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

In addition to the provision of information to families upon application for public assistance programs, DCBS and its Department of Education partners communicate informational resources to child care providers through online resources, quality rating, and technical assistance.

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

In addition to the provision of information to families upon application for public assistance programs, DCBS and its partners communicate informational resources to child care providers through online resources, quality rating, and technical assistance.

The Cabinet for Health and Family Services (CHFS) is home to most of the state's human services and health care programs, including the Department for Medicaid Services, the Department for Community Based Services, and the Department for Public Health.

The Department for Community Based Services provides family support, child care, child and adult protection, eligibility determinations for Medicaid and food benefits, and administration of the energy assistance program. In addition, DCBS administers the state foster care and adoption systems and recruits and trains parents to care for the state's children who are waiting for a permanent home.DCBS has offices in every county.

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 state partners with the Governor's Office of Early Childhood to provide parents, child

care providers, and the general public access to web-based information and electronic newsletters through the Governor's Office of Early Childhood (http://kidsnow.ky.gov/Pages/default.aspx); the Division of Child Care (http://chfs.ky.gov/dcbs/dcc/); the Division of Regulated Child Care (http://www.chfs.ky.gov/os/oig/drcc.htm); and the Kentucky Partnership for Families and Children, Inc. (https://kypartnership.org/). Additionally, Kentucky's CCR&R network administered by the University of Kentucky Human Development Institute provides technical assistance regarding health, safety, and quality child care. The CCR&R network provides content experts who ultimately encourage child care providers to share information with parents about the development of children served. Early Childhood Mental Health Consultants provide consultation to parents and providers. HANDS Home Visitors work with parents of young children (0-3). Family Resource and Youth Services Centers and Head Start staff share information with families. The Kentucky Department of Education Early Childhood Regional Training Centers provides additional resources and technical assistance targeting primarily preschools.

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

Electronic resources include newsletters, parent guides, and additional print ready materials with tips and information regarding child development. Free trainings are available through local Family Resource Youth Services Centers. Parents can connect with Family Resource Center Staff, Early Childhood Mental Health Consultants, First Steps, and HANDS Home Visitors. Early Childhood Mental Health Specialists and Child Care Health Consultants provide technical assistance to providers. Additional technical assistance is available to providers through CCR&R Health and Safety Coaches (Health, Safety, and Licensing) and Quality Coaches (Quality Care, Child Development, Interactions, and ERS). Training is available for providers through numerous credentialed independent trainers. Train the Trainer opportunities are offered in conjunction with national partners on topics including Temperaments of Children, Cradling Literacy, and brain research. Train the Trainer opportunities are also offered through local partners (e.g., Strengthening Families Kentucky, Connect the Dots, Trauma Informed Care). Training Coaches are available to assist providers in assessing needs and matching them with resources which are offered face-to-face, online, and via hybrid options. Additional resources, training, and technical assistance are offered through the Kentucky Department of Education Regional Training Centers.

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

State level partners include the Governor's Office of Early Childhood, the University of Kentucky Human Development Institute, Eastern Kentucky University, Family Resource and Youth Service Centers, Department for Behavioral Health, Developmental, and Intellectual Disabilities, Department for Public Health, Strengthening Families Kentucky (multidisciplinary group), Kentucky Department of Education, Head Start, Kentucky Partnership for Families and Children, Inc., and numerous independent trainers. National partners include entities such as Zero to Three and Strengthening Families.

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

Parents have access to electronic resources including newsletters, parent guides, and additional print ready materials with tips and information regarding child development through the Governor's Office of Early Childhood at www.kidsnow.ky.gov; the Division of Child Care (http://chfs.ky.gov/dcbs/dcc/) and the Division of Regulated Child Care (http://www.chfs.ky.gov/os/oig/drcc.htm), Kentucky Partnership for Families and Children, Inc. (https://kypartnership.org/). Child Care Resource and Referral provides free technical assistance for families seeking child care. Free trainings are available through local Family Resource Youth Services Centers. The Statewide Early Childhood Mental Health Program, HANDS Home Visitation, and First Steps are also programs which share information with parents.

ii. Providers

Providers have access to technical assistance through CCR&R Health and Safety Coaches (Health, Safety, Licensing); Quality Coaches (Quality Care, Child Development, Interactions, ERS); and the Kentucky Partnership for Families and Children, Inc. (social/emotional development, attachment, family engagement, family leadership). Training is available for providers, and training coaches are available to help providers assess their training needs and match them with resources which are offered face to face, online, and via hybrid options.

iii. General public

The general public has access to electronic resources, including newsletters, parent guides, and additional print-ready materials with tips and information regarding child development through the Governor's Office of Early Childhood at www.kidsnow.ky.gov; the Division of Child Care (http://chfs.ky.gov/dcbs/dcc/); the Division of Regulated Child Care (http://www.chfs.ky.gov/os/oig/drcc.htm), and Kentucky Partnership for Families and Children, Inc. (https://kypartnership.org/)

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

The DCBS-Division of Child Care partners with the Governor's Office of Early Childhood and the Division of Regulated Child Care to provide parents, providers, and the general public access to web-based information and electronic newsletters. Parents have access to electronic resources, including newsletters, parent guides, and additional print ready materials with tips and information regarding child development. The DCBS-Division of Child Care partners with the University of Kentucky Human Development Institute to administer the statewide CCR&R network, which provides technical assistance regarding health and safety and quality child care. The network includes content coordinators who maintain expertise in current best practice in order to equip technical assistance coaches with the resources necessary to encourage providers to share information with parents of the children they serve. Additional partners include Family Resource Youth Services Centers (school based), the Department for Public Health Maternal and Child Health (HANDS Home Visitation and Early Childhood Mental Health), the Department for Behavioral Health, Developmental and Intellectual Disabilities (Community Mental Health Centers, Early Childhood Mental Health), First Steps (field staff), Head Start, Kentucky Partnership for Families and Children Inc., and independent trainers.

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 Cabinet's Department for Medicaid Services (DMS) has a brochure outlining the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program; the resource is available in print and online through the DMS website. Providers can deliver services under the benefit as long it is within the scope of their practice. Families eligible for both CCAP and Medicaid Services benefit from extensive EPSDT outreach, which is conducted by all five Medicaid Managed Care Organizations.Outreach is conducted via telephone, mail, newsletters, and in person.

In addition to active screening programs through United Way Early Care and Kentucky Help Me Grow sites, several pilot programs have been instituted to increase the use of developmental screening across the state. In 2011-12, staff from 19 early care centers across the state received instruments andwas trained in the use of the ASQ-3 and the ASQ:SE.In 2012-13, a program was implemented to increase developmental

screening of children and families receiving services through CCDF subsidy, Kentucky's Child Care and Assistance Program (CCAP). Department for Community Based Services offices in six counties received kits and were trained in the administration of ASQ-3 and ASQ: SE for children during initial and re-certification visits for CCAP funding. In 2013-14, staff from six early care centers in central and southern KY received kits and were trained in the administration of ASQ-3, ASQ:SE, and follow up assessments as needed. Each of these centers has maintained screening kits and has continued implementation to varying degrees.

All children entering public school are screened with the Brigance Kindergarten Screener. Guidance is available to all early child care providers regarding recommendations for screening and assessment through a document entitled "Building a Strong Foundation for School Success: Kentucky's Early Childhood Continuous Assessment Guide". Screening and Assessment instruments outlined in the guide have been cross-walked with Kentucky's Early Childhood Standards. State Regulations mandate screening and assessment for children participating in state-funded preschools, Head Start, and First Steps. Community-based child care providers are not currently mandated to provide screening or assessment; however, they are encouraged to do so. Technical assistance regarding implementing screening and assessment is available to providers through:

•Early Childhood Regional Training Centers;
•CCR&R;
•Head Start Technical Assistance and Resource Specialists (HSTARS);
•Kentucky Universities;
•Kentucky Community and Technical College System Institutions;
•National Early Childhood Technical Assistance Center; and
•Region IV Head Start.

Kentucky is a recipient of a Race to the Top Early Learning Challenge Grant.As part of these efforts, screening and assessment for community-based child care providers will be incorporated into the Tiered Quality Rating and Improvement System. These efforts are designed to align expectations for child-care providers with publicly funded preschools and Head Start. The project pilot concluded December 31, 2015. Pilot data will be aggregated and assessed from January to March 2016 to formulate recommendations. Implementation of the new Tiered Quality Rating and Improvement

System will begin July 1, 2016. Administrative regulations will be amended or promulgated as needed based upon the outcome of the pilot.

As community-based child-care providers migrate to the new Tiered Quality Rating and Improvement System, there will be additional opportunities for children receiving child care through CCAP to be screened and referred for assessment.

For additional information on how parents, providers, and the general public will be informed regarding screening and assessment, please see Section 2.2.6, which includes a listing of partners and the description of mechanisms for disseminating information.

Beginning in January 2016, the Department for Public Health and the Kentucky Chapter of the American Association of Pediatrics will begin a Help Me Grow Call Center pilot with four pediatric practices in the state. Help Me Grow will offer free developmental and behavioral screening utilizing the ASQ-3 and ASQ:SE-2. Future plans include developing a child care pilot with roll out to be determined based on the outcome of the pilot.

Unmet requirement - Identify the requirement(s) to be implemented Establish procedures to provide information to families and providers (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.);

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.)
Practice and procedural changes will be identified and implemented by September 2016. There are no known regulatory, legislative, or technology impacts at this time.

Projected start date for each activity:
Projected end date for each activity: 09/30/2016
Agency - Who is responsible for complete implementation of this activity

Department of Community Based Services, Division of Child Care

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

Department of Public Health

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

No regulatory definition exits. However, all children receiving child care services in a licensed, certified, or registered provider setting have the right to be cared for in an environment free of any form of abuse and cared for by adults who meet their health, safety, and developmental needs. The parents, custodians, or guardians of children in care have the right to be provided with information about child care regulatory standards, if applicable; where to direct questions about regulatory standards; and how to file a complaint without any retribution. See also KRS 199.898: http://www.lrc.ky.gov/Statutes/statute.aspx?id=7243.

The Division of Regulated Child Care is responsible for inspections and enforcement of licensure and certification standards for licensed child-care centers and certified family child-care homes and investigating complaints made against these providers. Parental complaints are received in writing or by phone call to the appropriate Division of Regulated Child Care Regional Enforcement Branch or to the Office of the Ombudsman for investigation.

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)

The OIG-Division of Regulated Child Care (DRCC) maintains an electronic history of parental complaints within the KICCS. Electronic records have been maintained for the past five years and paper copies for records older than five years are stored in historical archives and may be located through Kentucky Libraries and Archives. The KICCS system contains detailed history notes and the results of every inspection report are made available to the general public through the consumer information portal.

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

All child care inspection reports, including those which were conducted to investigate parent complaints, are located at the public access portal at https://prdweb.chfs.ky.gov/KICCSPublic/ProviderDetailsExt.aspx

All child care inspection reports, including those which were conducted to investigate parent complaints, are located at the public access portal. Members of the general public may request additional information by making an open request for records.

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

All complaints related to CCDF services and providers are reviewed through OIG and disseminated as appropriate.

Through an interagency contract with OIG, the OIG-Division of Regulated Child Care (DRCC) maintains and tracks complaints regarding licensed child-care centers, family child-care homes, and allegations of illegal child care providers. Complaints are received from the public and other state agencies via email, fax, phone, or in writing regarding allegations of non-compliance within the requirements for licensure and certification of child-care centers and family child-care homes. DRCC staff is contractually required to investigate the complaint within 30 days of the allegations of non-compliance and to ensure appropriate actions are taken to correct any cited regulatory deficiencies. Investigations regarding illegal child care providers ensure that the providers operating illegally receive an initial referral for technical assistance to achieve licensing or certification compliance, or they are issued a cease and desist letter and may be subject to other legal action when appropriate.

DRCC utilizes the KICCS system to maintain documentation of complaints received, including the allegation(s) received, investigation conducted, regulatory violations identified through the investigation, and the issuance of a Statement of Deficiency when applicable. This documentation is available through the public portal.

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.

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

The primary language offered is Spanish. DCBS and its contractual partners follow the Cabinet's Office of Human Resource Management's procedures for providing Language Access Services to clients with Limited English Proficiency. Other languages common in Kentucky's population include Vietnamese, Somalian, and Russian.

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

The Department of Community Based Services Service Region staff in local county offices and the Child Care Council of the Bluegrass assist persons either in the office or through home visits in application for and selection of child care services. The Division of Developmental and Intellectual Disabilities (DDID) and the 14 Regional Community Mental Health/Intellectual Disability Centers (CMHCs) assist persons with disabilities and their families in locating resources and supports.

2.3 Website for Consumer Education

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

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

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

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

Provide the link to the website:

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

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

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

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

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

care settings. Describe

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

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

Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) 11/19/2017

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

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

The KICCS Provider portal is accessible to the public for a complete history of investigations and inspections including the last date of inspection and all history of violations if applicable.Public access > https://prdweb.chfs.ky.gov/KICCSPublic/ProviderSearchPublic.aspx.

The inspection reports inculde health and safety requirement as outlined in 922 KAR 2:120 http://www.lrc.ky.gov/kar/922/002/120.htm

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.)

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

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 childrenfrom 0 (weeks/months/years) to 12 years (through age 12).

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

☑ Yes, and the upper age is 18 (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity: means a child who has multiple or severe functional needs requiring ongoing specialized care.

☐ No

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

☑ Yes and the upper age is 18 (may not equal or exceed age 19)

☐ No.

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

a) residing with -

means eligible children who are living with a parent or parents, by blood, marriage or adoption, including legal guardians or other person standing in loco parentis, a caretaker/relative are considered to be "residing with" a family.

b) in loco parentis -

means a caretaker/relative, a person acting in place of a parent, including a legal guardian, an individual related by blood, marriage, or adoption of a child or a non-relative, if the non-relative pursuing legal custody within one year of application.

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:

- Employment means public or private, permanent or temporary work that is performed for a wage, is self-employment, or is unpaid such as student teaching, an internship, or practicum, public or self-employment, permanent or temporary work. A combination of employment activities can be used to meet the required number of hours.
- For single parent families, the requirement is a combined average of twenty hours per week.
- For two parent families, the requirement is a combined average of forty hours per week unless one adult is mentally or physically unable to provide care for the children. In those instances, the requirement is an average of 20 hours per week for the adult able to work. The minimum work requirement for one adult in a two parent family is an average of five hours per week.
- If two parent household requests child care assistance and one parent is not working due to being incapacitated, the incapacitated parent must have a doctor's statement indicating they are unable to care for the child.
- Recipients of K-TAP , who need child care while they participate in the Kentucky Works Program to meet TANF participation requirements, must be actively involved with activities including employment, education, job preparation activities, job search, or other activities designed to assist the family attain self-sufficiency.

- Low income working families, who have suffered loss of employment or a reduction in hours due to no fault of their own, may receive child care services for a subsequent job search to secure new employment for a period not to exceed ninety days.

* attending job training

Recipients of K-TAP, who need child care while they participate in the Kentucky Works Program to meet TANF participating requirements, must be actively involved with activities, job search, or other activities designed to assist the family attain self-sufficiency.

* attending education

Low income working families may receive child care services while they attend education activities. These families must meet work requirements outlined in previous section. Proof of enrollment from the school or institution is required prior to authorizing child care to cover time spent in educational activities. The DCC-90L Student Enrollment and Unpaid Work Verification form is used to obtain enrollment information from the school. Other acceptable verification of enrollment includes a class schedule or a written statement from a school official.

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

Low income working families may receive child care services while they attend education activities. These families must meet work requirements outlined in the previous section. Proof of enrollment from the school or institution is required prior to authorizing child care to cover time spent in educational activities. The DCC-90L Student Enrollment and Unpaid Work Verification form is used to obtain enrollment information from the school. Other acceptable verification of enrollment includes a class schedule or a written statement from a school official.

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 -

means an open and active case in which the Protection and Permanency case file contains appropriate documentation that substantiates child abuse, neglect, dependency or exploitation. This category may, with appropriate supervisory approval, include child care services to prevent abuse, neglect, or dependency.

Dependency means the quality of being dependent as defined per KRS 600.020(19): "Dependent child" means any child, other than an abused or neglected child, who is under improper care, custody, control, or guardianship that is not due to an intentional act of the parent, guardian, or person exercising custodial control or supervision of the child."

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))

- [x] 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 -

The money received from statutory benefits, wages, self-employment, rental property, investments, business operations, 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	2,776	2,351	1,361	49	1,497	54
2	3,617	3,074	1,839	51	2,548	56
3	4,468	3,798	2,136	52	2,548	57
4	5,319	4,521	2,271	53	3,598	58
5	6,170	5,244	3,271	53	3,598	58

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 are available at http://aspe.hhs.gov/poverty/index.cfm.

c) SMI Source and year http://www.gpo.gov/fdsys/pkg/FR-2011-04-18/pdf/2011-8993.pdf

d) These eligibility limits in column (c) became or will become effective on: July 1, 2015

e) Provide the link to the income eligibility limits http://www.lrc.ky.gov/kar/922/002/160.htm

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a

graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv)) This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called and "exit threshold") or by granting a sustained period of continued assistance to the family before termination.

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

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

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

☑ 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) 09/30/2016

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) Not yet started

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

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

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.)

DCBS filed emergency administrative regulations and identical ordinary administrative regulations to replace the emergencies upon their expiration. The filing occurred on February 26, 2106. The emergency administrative regulations were effective upon filing. The ordinary administrative regulations are still in process and have received public comment. The ordinary administrative regulations should be adopted late summer, prior implementation deadline for this new federal requirement.

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Departmentfor Community Based Services, Division of Child Care

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

Department for Community Based Services, Division of Child Care

3.1.6 Fluctuation in Earnings

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

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

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

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

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

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

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

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

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

DCBS filed emergency administrative regulations and identical ordinary administrative regulations to replace the emergencies upon their expiration. The filing occurred on February 26, 2106. The emergency administrative regulations were effective upon filing. The ordinary administrative regulations are still in process and have received public comment. The ordinary administrative regulations should be adopted late summer, prior implementation deadline for this new federal requirement.

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

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

DCBS filed emergency administrative regulations and identical ordinary administrative regulations to replace the emergencies upon their expiration. The filing occurred on February 26, 2106. The emergency administrative regulations were effective upon filing. The ordinary administrative regulations are still in process and have received public comment. The ordinary administrative

regulations should be adopted late summer, prior implementation deadline for this new federal requirement.

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:

Driver's license, Student I.D., Military I.D., or two other forms of verification

☑ Applicant's relationship to the child.

Describe:

Birth Index, Birth Records

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

Describe:

Birth Index, Birth Records, School Records

☑ Work.

Describe:

Work Verification System, PAFS-700 Verification of Employment and Wages check stubs, Federal tax forms

☑ Job Training or Educational Program.

Describe:

DCC forms, DCC-90L, Student Work Verification Form,

☑ Family Income.

Describe:

Work Verification System, PAFS-700 Verification of Employment and Wages check stubs, Federal tax forms

☑ Household composition.

Describe:

PAFS - 21 Household Information Request or similar statement from someone who knows the family

☑ Applicant Residence.

Describe:

PAFS - 21 Household Information Request form or similar statement from someone who knows the family

☐ Other.

Describe:

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

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

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

☑ Time limit for making eligibility determinations.

Describe length of time :

thirty (30) days

☑ Track and monitor the eligibility determination process

☐ Other.

Describe:

☐ None

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

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State TANF agency in accordance with section 407(e)(2)of the Social Security Act.
In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.
NOTE: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

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

State/Territory TANF Agency DCBS-Division of Family Support

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

"appropriate child care":

Means an eligible child care provider as defined in 45 C.F.R. part 98.2.

"reasonable distance":

Means the distance customarily available within a locality

"unsuitability of informal child care":

Means care, not regulated under Kentucky law, which does not meet the quality child care needs as defined by the parent or the health and safety requirements applicable to regulated child care in the Commonwealth.

"affordable child care arrangements":

Means appropriate child care, at a reasonable distance, which is suitable and charges at or below the maximum provider payment rate under the CCDF Plan.

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

- [ ] In writing
- [ ] Verbally
- [x] Other.

Describe:

A TANF recipient receives information from a DCBS worker regarding the exception to the individual penalties associated with work requirements for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under six years of age. Eligibility for a TANF recipient is determined by the DCBS Family Support-focused staff.

- [ ] 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

- [x] 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 notchange 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": Child with special needs¿ means a child who has multiple or severe functional needs requiring ongoing specialize care.

and describe how services are prioritized:

Priority is given over other CCDF families.

b. Provide definition of "Families with very low incomes": Families with very low income means a family whose income does not exceed 100% of the Federal Poverty Level (FPL).

and describe how services are prioritized:

Families whose income falls below the FPL receive priority over other eligible CCDF families.

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)

TANF-families are given priority after special needs children and a priority over families with low incomes.

Reference 922 KAR 2:160, Section 12(7). http://www.lrc.ky.gov/kar/922/002/160.htm

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

Homeless household are eligible for expedited services. They are entitled to immediate approval of cases and pend for lack of verification. During eligibility, homeless have a 90-day period to return all verifications. Households that return all required information at the

end of the 90-day period will not see a change in their certification period as the maximum allowable certification period as assigned based on program rules. Homeless households must meet all other technical eligibility criteria in order to continue with the program. If information has not been provided by the 90-day timeframe, the application will be discontinued.

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

During eligibility, homeless households are placed in their applicable eligibility, but have a 90-day period to return all verifications.

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

During eligibility, homeless households are placed in their applicable eligibility, but have a 90-day period to return all verifications.

☐ 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

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

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

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

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

Unmet requirement - Identify the requirement(s) to be implemented A minimum 12-month eligibility and redetermination period for CCDF families.

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.)
DCBS filed emergency administrative regulations and identical ordinary administrative regulations to replace the emergencies upon their expiration. The filing occurred on February 26, 2106. The emergency administrative regulations were effective upon filing. The ordinary administrative regulations are still in process and have received public comment. The ordinary administrative regulations should be adopted late summer, prior implementation deadline for this new federal requirement.

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Department for Community Based Services, Division of Child Care

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

Department for Community Based Services, Division of Child Care

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

Low income working families, who have suffered loss of employment or a reduction in hours due to no fault of their own, may receive child care services for a subsequent job search to secure new employment or an increase in hours for a period not to exceed ninety days.

☐ 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

☑ 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) Not yet started

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

Deployment of Benefind, the new CCAP eligibility and enrollment system, is currently pending additional considerations of the Administration.

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

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.)

DCBS filed emergency administrative regulations and identical ordinary administrative regulations to replace the emergencies upon their expiration. The filing occurred on February 26, 2106. The emergency administrative regulations were effective upon filing. The ordinary administrative regulations are still in process and have received public comment. The ordinary administrative regulations should be adopted late summer, prior implementation deadline for this new federal requirement.

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Department for Community Based Services, Division of Child Care

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

Department for Community Based Services, Division of Child Care

3.4 Family Contribution to Payment

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

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

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

and describe how many jurisdictions set their own sliding fee scale

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

Family Size	(a) Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b)?	(d) Maximum Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	0	0	0	0	0	0
2	0	0	0	3,699.99	252.00	6.8
3	0	0	0	3,699.99	294.00	7.9
4	0	0	0	3,699.99	336.00	9.1
5	0	0	0	3,699.99	525.00	14.2

a) What is the effective date of the sliding fee scale(s)? 07/01/2010

b) Provide the link to the sliding fee scale http://www.lrc.ky.gov/kar/922/002/160.htm

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.

- [x] 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
  - [x] 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:

Family co-payments are structured so that a family whose income is below 150% of the Federal Poverty Level pays no more than 10% of its gross monthly income for child care.

☐ 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:

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))

To enroll a child with a provider, the DCC-94, Child Care Service Agreement and Certificate, must be signed and dated by the client and the provider. If the client choses a new provider, the DCC-94 is again sent to the client and the provider for signatures. If there is no change in the provider, but a change in rate, child/children cared for, schedules, or family co-payments, a Child Care Service Agreement and Certificate (Notice of Change) is sent to the both the client and the provider. This form does not need to be signed and returned to the worker.

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))

- [x] Certificate form provides information about the choice of providers, including high quality providers
- [x] Certificate is not linked to a specific provider so parents can choose provider of choice

- [x] Consumer education materials on choosing child care
- [x] Referral to child care resource and referral agencies
- [ ] Co-located resource and referral in eligibility offices
- [x] Verbal communication at the time of application
- [x] Community outreach, workshops or other in-person activities
- [x] Other.

Describe

Information is also available through the Division of Child Care website:

http://chfs.ky.gov/dcbs/dcc/

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:

- [x] 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

Parental rights are outlined in KRS 199.898 and include the rights of parents to access their children at all times that the children are in care. The parental rights are distributed to parents and providers when a child care certificate and agreement is issued.

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:

Per 922 KAR 2:180, Section 2, any person making application to provide care in the child's own home must show proof by photo identification or birth certificate that the individual is at least 18 years of age.

☐ 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:

922 KAR 2:180, Section 2 requires an in-home provider to provide verification that the provider has obtained six hours of training approved by the cabinet in the areas of:

1. Health, safety, and sanitation;

2. Recognition of child abuse and neglect, which may include cabinet-approved pediatric abusive head trauma training in accordance with KRS 199.896(16); and

3. Developmentally appropriate child care practice.

☐ Other

Describe:

☐ No.

4.2 Assessing Market Rates and Child Care Costs

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

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

The State must consult with the State Advisory Council, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

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

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

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

- [x] MRS
- [ ] Alternative Methodology.

Describe:

- [ ] 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 is developed in collaboration with the Division of Child Care, University of Kentucky Human Development Institute, and Child Care Aware of Kentucky.

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

To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that

estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory.

Describe:

The Market Rate Survey tool was designed to determine the distribution of provider rates for licensed and certified child care facilities by four age groups (infant, toddler, preschooler, school-age) and two rate categories (full-time, part-time).

Response Rate:

Data was collected by

1) electronic, mail, and telephone surveys conducted by Division of Child Care and Kentucky Partnership for Early Childhood Services staff

2) electronic rates captured in the Kentucky Integrated Child Care System (KICCS).

A total of 2,142 responses were gathered--85.7% response rate. All reported daily rates are at the 75th percentile.

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):

Analysis was conducted by CCAP Region (East, Central, and West). Rates in the Central region of the state continue to be the highest, with Infant/Toddler care $25.00 per day. Rates for Infant/Toddler care in the Western and Eastern region were $22.50 and $21.75 per day respectively. Rates for Preschool care were $24.00 per day in the Central Region, $5 per day more than care in the East ($19.00 per day), and $6.00 per day more than care in the West ($18.00 per day). Finally, the Central region had the highest charge for care for School-Age care, $21.00 per day; rates in the East were $17.50 per day and in the West $18.00 per day.

b) Type of provider:

The Kentucky Market Rate Survey sample consisted of Licensed Type I and II and Certified child care providers. Daily rates for full time licensed child care services were on average $5.00 per day more expensive than child care homes for full time care, all age groups ($22.67 and $17.00 per day, respectively). Daily rates for part time type I child care was

slightly higher than rates for Type II and Certified homes, $17.67, $16.33, and $16.50 average across all age groups.

Defined Provider Type:

Licensed Type I Child-Care Center is licensed to regularly provide child care services for four (4) or more children in a nonresidential setting, or thirteen (13) or more children in a designated space separate from the primary residence of a licensee.

Licensed Type II Child-Care Center is located in the primary residence of the licensee where care is regularly provided for seven (7), but not more than twelve (12) children, including children related to the licensee.

Certified Family Child-Care Home is a private home, certified by the Division of Regulated Child Care, which provides full-day or part-day care, day or night, for six (6) or fewer children who are not related to the provider. The children, nieces, nephews, grandchildren, or children in legal custody of the provider may also be cared for, but at no time is the certified provider permitted to have more than ten (10) children in care.

c) Age of child:

Provider rates were gathered by child's age group. Statewide full-time daily rates were highest for the youngest ages: infant care $29.00, toddler care $27.50, preschool care $26.00, and school-age care $25.00. Part-time daily rates were for infant care $25.00, toddler care $25.00, preschool care 22.00, and school-age care $18.00.

Defined ages for MRS:

Infant - a child who is less than one (1) year old

Toddler - A child, who has reached the first (1st) birthday up to, but not including, the third (3rd) birthday.

Preschool Child - A child, who has reached the third (3rd) birthday up to, but not including, the sixth (6th) birthday.

School Age Child - A child who has reached the sixth (6th) birthday.

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

N/A

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

a) Date of completion of the market rate survey or alternative methodology (must be no

earlier than July 1, 2013 and no later than March 1, 2016)
03/31/2015

b) Date report containing results were made widely available, no less than 30 days after the completion of the report 04/14/2015

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

www.kentuckypartnership.org/mrs

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

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

Rate $ 24 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 33

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

Rate $ 21 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 39

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

Rate $ 24 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 40

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

Rate $ 21 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 25

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

Rate $ 21 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 25

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

Rate $ 19 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 29

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

Rate $ 20 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 41

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

Rate $ 18 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile:

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

Full day" means child care that is provided for five (5) or more hours per day.

j) Provide the effective date of the payment rates : October 2014

k) Provide the link to the payment rates : http://www.lrc.ky.gov/kar/922/002/160.htm

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.

- [x] Tiered rate/rate add-on for non-traditional hours.

  Describe:

  Licensed or certified providers may also receive an additional one dollar per day to provider child care during non-traditional hours

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

  Describe:

  Licensed, certified, or registered child care providers may receive an additional one dollar per day to serve a child with special needs.

- [x] 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:

  Rates differ for infants and toddlers in accordance with the Market Rate Survey based on regions

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

  Describe:

  Licensed or certified providers who are accredited by a national organization will receive an additional two dollars per day above the maximum rate of pay.

- [ ] 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:

Kentucky has significant regional differences in the most recent market rate survey for child care services. The reimbursement rates are structured so that child care rates are higher in regions where the market rate survey has demonstrated higher costs. The lead agency has also set its reimbursement rates based on provider type and the age of children who qualify for services.

The 2015 Market Rate Study confirmed significant regional and age differences for child care services. The rates are structured so that child care reimbursement rates are higher where the market rate survey demonstrated higher costs, such as certain regional and urban areas. The Market Rate Study has also confirmed rates are higher for Licensed Type I providers and younger children; thus, DCBS has also set reimbursement rates based on provider type and the age of children who qualify for services, with a higher rate available for Infant care.

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:

The payment rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF or other governmental programs. In urban and suburban areas, the cost of care is higher than in small towns and rural areas; therefore child care reimbursement rates in Kentucky are higher in urban and suburban areas. The current reimbursement rates are also higher for infants and toddlers than preschool and school-age children. This allows for access to children who require a higher staff-to-child ratio. Kentucky's reimbursement rates also allow access by provider type. License Type I child-care providers who care for four or more children in a non-residential setting are reimbursed at a higher rate than family child-care homes that care for no more than six unrelated children. Child care services will be paid according to the parent's schedule. The parent may select services from a licensed, certified, or registered provider. If a parent selects services from a provider who offers full-week care, then the parent is responsible to pay the difference. Child care payments shall not exceed the maximum rate for a type of care in the region less the appropriate parental co-pay.

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:

- [x] Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
- [ ] Rates based on data on the cost to the provider of providing care meeting certain standards

  Describe:

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

  Describe:

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

  Describe:

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

  Describe:

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

  Describe:

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

  Describe:

- [ ] Other.

  Describe:

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

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

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

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

Kentucky's Market Rate Survey, in addition to available funding, provided a basis for establishing payment rates to ensure sufficient assurance of equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under CCDF or other governmental programs. The Market Rate Survey data were analyzed based on urbanity, with findings indicating the cost of care is higher in urban and suburban areas; therefore, child care reimbursement rates in Kentucky were set higher for counties in these areas. Based on survey data, the current reimbursement rates are also higher for infants and toddlers than for children in preschool and school-age programs. This allows for access for children in programs that require a higher staff-to-child ratio and are generally more costly to parents. Kentucky's reimbursement rates also allow access by provider type. License Type I child-care providers who care for four or more children in a non-residential setting are reimbursed at a higher rate than family child-care homes that care for no more than six unrelated children. Child care services will be paid according to the parent's schedule, and parents may select services from a licensed, certified, or registered provider. Agency policy mandates child care payments shall not exceed the maximum rate for a type of care in the region less the appropriate parental co-pay.

☐ 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

- [x] 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:

☐ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance.
Describe including the State/Territory's definition of occasional absences

☐ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe

Specify percent and describe

☑ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month.

Specify the number of absence days allowed and paid for and describe

1) Registered child care providers are not authorized to receive payments for any absences;

2) Certified family child care homes can receive payment for no more than five absences per month;

3) Licensed providers may receive payment up to five absences per month. Payments for more than five excused absences per child per month may be approved if the absence meets the following criteria for an extraordinary absence. An extraordinary absence is defined as: a) a death in the family; b) illness of the child or applicant; or c) a disaster verified by utility provider, local, state or federal government

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

Describe:

Payment rates are based on a full day, which is defined as care five to 18 hours per day, or part day defined as less than five hours of care per day.

☑ Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.)

Describe:

Enrollment fees can be paid for recipients approved by Family Support or Protection and Permanency, and the household income is less than 200% of the Federal Poverty Level. Enrollment fees are paid only to Licensed Type I and Type II centers or Certified Family Child Care Homes who charge enrollment fees to the general public.

☑ Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment

Describe:

Changes that reduce benefits, such as removing a child from the assistance case or income change resulting in an increase or decrease co-pay and/or provider subsidy rate, require ten days advanced notice prior to case action being processed.

☑ Has a timely appeal and resolution process for payment inaccuracies and disputes.

Describe:

An administrative hearing is a formal process by which an applicant, recipient, or provider may appeal an action or inaction taken by the agency with which they do not agree. A client or provider must appeal a claim within 30 days of the date the claim was established.

☐ Other.

Describe:

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

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

☑ Policy on length of time for making payments.

Describe length of time:

All providers are paid within 30 days of requested payment.

☐ Track and monitor the payment process

Describe:

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

Describe:

Provider payments are issued as a check payment unless the provider chooses to change the method of to an electronic (direct) deposit. 2) The KICCS Provider Portal

allows a provider to complete and submit their CCAP billing forms as well as view/print payment remittances on-line.

☐ 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

Kentucky is a Race to the Top-Early Learning Challenge Grant recipient. Part of the award provided funds to evaluate the current quality system, which includes data from the current system. The revised Quality System goes into effect July 1, 2016. In the current QRIS System, there are analyses from initial participation through final rating. There is also analysis of movement between quality levels. All data will be migrated into one system.

☐ No.

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

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers (check all that apply)

☐ Grants and contracts (as discussed in 4.1.3)

- [ ] Family child care networks
- [ ] Start-up funding
- [x] Technical assistance support
- [ ] Recruitment of providers
- [x] 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
- [x] Technical assistance support
- [ ] Recruitment of providers
- [x] 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
- [x] Tiered payment rates (as discussed in 4.4.1)
- [x] Other.

Describe

Licensed child-care centers and certified family child-care homes providing non-traditional care (i.e. non-traditional hours of evening and nights) receive technical assistance regarding health, safety, and quality child care.

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

Licensed child-care centers and certified family child-care homes providing care to homeless childrenreceive technical assistance regarding health, safety, and quality 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

Effective August 15, 2015, child-care providers who provide subsidized child care services are required to participate in the STARS for KIDS NOW (STARS) program - the state's quality-rating system for licensed and certified providers. Providers will be transition to the new quality-rating system resulting from the Race to the Top-Early Learning Challenge Grant.

☐ 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

A Type I child-care center shall be licensed to regularly provide child care services for four or more children in a nonresidential setting; or 13 or more children in a designated space separate from the primary residence of a licensee.

A Type II child-care center shall be primary residence of the licensee in which child care is regularly provided for seven, but not more than 12, children including children related to the licensee.

A Certified Family Child Care Home is a private home, certified by the Division of Regulated Child, which provides full-day or part-day care for six or fewer children who are not related to the provider, and related children may also be care for, but at no time is provider permitted to have more than ten children in care.

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

Kentucky Administrative Regulation, 922 KAR 2:090, provides limited exemptions from child care licensing. The programs which are exempt from child care licensing and regulations are typically regulated by another agency, such as the Kentucky Department of Education. These exemptions do not endanger the health, safety, and welfare of children, because in the majority of cases, the programs require background checks and have infectious disease requirements for participation. In Kentucky, per statutorily established exemption in KRS 199.896, programs that operate for less than 20 hours per week, in which children attend less than 10 hours, shall be exempt from child care licensing requirements

http://www.lrc.ky.gov/kar/922/002/090/htm

Additional notes:

Programs which are exempt from child care licensing and regulations are typically regulated by another agency, such as the Kentucky Department of Education.DCBS ensures exemptions do not endanger the health, safety, and welfare of children. 922 KAR 2:090, Section 3, outlines the exempt child care settings:

"The following child-care settings shall be exempt from licensure requirements of this administrative regulation, 922 KAR 2:110, and 922 KAR 2:120:

(1) Summer camps certified by the cabinet as youth camps which serve school-age children;

(2) Kindergarten through grade 12 in private schools while school is in session;

(3) All programs and preschools regulated by the Kentucky Department of Education governed by KRS Chapter 157;

(4) Summer programs operated by a religious organization which a child attends no longer than two (2) weeks;

(5) Child care provided while parents are on the premises, other than the employment and educational site of parents;

(6) Child care programs operated by the armed services located on an armed forces base;

(7) Child care provided by educational programs that include parental involvement with the care of the child and the development of parenting skills;

(8) Facilities operated by a religious organization while religious services are being conducted; and

(9) A program providing instructional and educational programs:

(a) That operates for a maximum of twenty (20) hours per week; and

(b) Which a child attends for no more than ten (10) hours per week."

Reference: http://www.lrc.ky.gov/kar/922/002/090/htm

KRS 199.896(19) and (20) grants additional partial or full exemption from licensure: http://www.lrc.ky.gov/Statutes/statute.aspx?id=44071.

☐ No.

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

☑ Fully implemented and meeting all Federal requirements outlined above. Describe using 5.1.4 and 5.1.5 below.

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

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

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

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

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

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant
   - State/Territory age definition:

means a child who is less than 12 months of age
   - Ratio:

one staff for every five children
   - Group Size:

10

2. Toddler
   - State/Territory age definition:

means between the child the age of twelve 12 months and 24 months
   - Ratio:

one staff for six children

- Group Size:

12

3. Preschool:
   - State/Territory age definition:

means a child between the ages of two and five

   - Ratio:

      - Preschool age two-three years, one staff for 10 children
      - Preschool age three-four years, one staff for 12 children
      - Preschool age four-five years, one staff for 14 children

   - Group Size:

      - Preschool two-three years, max group size 20
      - Preschool age three-four years, max group size 24
      - Preschool age four-five years, max group size 28

4. School-Age
   - State/Territory age definition:

means a child attending kindergarten,elementary and secondary education

   - Ratio:

      - School age five-seven years, one staff for 15 children
      - School-age seven and older, one staff for 25 children (before and after school)
      - School-age seven and older, one staff for 20 children (full day of care)

   - Group Size:

      - School age five-seven years ,max group size 30
      - School age seven and older max group size 30
      - School age seven and older max group size 30

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

N/A

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

The group size shall be separately maintained in a defined area unique to the group; and the age of the youngest child in the group shall determine the Staff to Child ration and maximum group size

b) Licensed Group Child Care Homes:

1. Infant

- State/Territory age definition:

means a child who is less than 12 months of age

- Ratio:

N/A

- Group Size:

child care regularly provided for at least seven, but not more than 12, children including children related to the licensee

2. Toddler

- State/Territory age definition:

means a child between the age of 12 months and 24 months

- Ratio:

N/A

- Group Size:

child care regularly provided for at least seven, but not more 12, children including children related to the licensee

3. Preschool:

- State/Territory age definition:

means a child between the ages of two and five

- Ratio:

N/A

- Group Size:

child care regularly provide for at least seven, but not more than 12, children including children related to the licensee

4. School-Age

- State/Territory age definition:

means a child attending kindergarten, elementary, or secondary education

- Ratio:

N/A

- Group Size:

child care regularly provided for at least seven, but not more than 12, children including children related to the licensee

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

"Type II child-care center" regularly provide care in providers home for at least seven, but not more than 12, children including children related to the licensee.

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

N/A

☑ 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:

Ratio six or fewer unrelated children

Describe the group size:

10

Describe the threshold for when licensing is required:

seven unrelated children

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

ten who is related or unrelated

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

maximum of ten related or unrelated

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

four infants including the provider's own or related infants, the provider shall have an assistant present. In addition, a provider shall not care for morethan six children under the age of six years old, including the provider's own or related children

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

N/A

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:

N/A

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

Must be at least 18 years of age, have a high school diploma or GED or qualifying documentation from a comparable educational entity; or a Commonwealth Child Care Credential as described in 922 KAR 2 2:250.

and assistant teacher qualifications:

Must be at least 18 years of age, have a high school diploma or GED or qualifying documentation from a comparable educational entity; or a Commonwealth Child Care Credential as described in 922 KAR 2 2:250

2. Toddler lead teacher

Must be at least 18 years of age, have a high school diploma or GED or qualifying documentation from a comparable educational entity; or a Commonwealth Child Care

Credential as described in 922 KAR 2 2:250

and assistant teacher qualifications:

Must be at least 18 years of age, have a high school diploma or GED or qualifying documentation from a comparable educational entity; or a Commonwealth Child Care Credential as described in 922 KAR 2 2:250.

3. Preschool lead teacher

Must be at least 18 years of age, have a high school diploma or GED or qualifying documentation from a comparable educational entity; or a Commonwealth Child Care Credential as described in 922 KAR 2 2:250.

and assistant teacher qualifications:

Must be at least 18 years of age, have a high school diploma or GED or qualifying documentation from a comparable educational entity; or a Commonwealth Child Care Credential as described in 922 KAR 2 2:250.

4. School-Age lead teacher

Must be at least 18 years of age, have a high school diploma or GED or qualifying documentation from a comparable educational entity; or a Commonwealth Child Care Credential as described in 922 KAR 2 2:250.

and assistant teacher qualifications:

Must be at least 18 years of age, have a high school diploma or GED or qualifying documentation from a comparable educational entity; or a Commonwealth Child Care Credential as described in 922 KAR 2 2:250.

5. Director qualifications:

The director of a Licensed Type I child care center must be at least 21 years of age, have a high school diploma or GED and meet one (1) of the following educational requirements

- Master's degree in Early Childhood Education and Development;
- Bachelor's degree in Early Childhood Education and Development;
- Master's degree or a bachelor's in a field other than Early Childhood Education and Devlelopment, including a degree in pastoral care and counseling plus 12 clock hours of child development training;
- Associate degree in Early Childhood Education and Development;
- Associate degree in a field other that Early Childhood Education and Development, plus 12 clock hours of child development training, and two years of verifiable full time paid experience working directly with children;
- A Director's Credentail in Early Childhood Development and one year of verifiable full-time paid experience working directly with children in;
    - A School based-program following Department of Education guidelines;
    - An early childhood development program, such as Head Start; or
    - A licensed or certified child care program:

- Child Development Associate (CDA) plus one year of verifiable paid experience working directly with children in:
    - A School based program following Department of Education gudielines;
    - An early childhood development program, such as Head Start; or
    - A licensed or certified child care program or
- Three years of verifiable full-time experience working directly with children in:
    - A school based program following Department of Education guidelines
    - An early childhood development program; such as Head Start; or
    - A licensed or certified child care program;

The director of a Licensed Type II child care center must be at least 21 years of age, have a high school diploma or GED amd meet two of the following educational requriements;

- 12 hours of orientation
- Have one year of verifiable full-time experience wirking directly with children in:
    - A school-based program following the Department of Ediucation guidleines;
    - An early childhood development program, such as Head Start,or
    - A licensed or cerified child care program; or
- Obtain six additional hours of training in child day care program administration.

Regulation reference: http://www.lrc.ky.gov/kar/922/002/110.htm

b) Licensed Group Child Care Homes:

1. Infant lead teacher

and assistant qualifications:

2. Toddler lead teacher

and assistant qualifications:

3. Preschool lead teacher

and assistant qualifications:

4. School-Age lead teacher

and assistant qualifications:

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

c) Licensed Family Child Care home provider qualifications

The director of a Certified Family Child Care Home must be at least 18 years of age and;

- High school diploma, general equivalency diploma (GED), or documentation from a comparable educational entity, or
- Commonwealth Child Care Credentail in accordance with 922 KAR 2:250
- Certified by an agency approved in accordance with 922 KAR 2:240 in infant and child:
  - Cardiopulmonary resuscitation(CPR); and
  - First Aid

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

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

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

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

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

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

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

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

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

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

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

Kentucky child care regulations require Licensed and Certified Home providers to complete six hours orientation training within three months of being hired to work in a licensed child care program or within three months of becoming a certified family child care provider.

Orientation consists of three modules

Health, Safety, and Sanitation;

Recognizing and Reporting Child Abuse and Neglect;

Recommended Practices in Early Care and Education.

Annual Training Requirements

Licensed Child Care Type I and II directors and staff are required to complete nine hours of cabinet-approved early care and education training within the first year of employment, including one and one-half (1 1/2) hours of pediatric abusive head trauma training; and 15 hours of cabinet-approved early care and education training annually, including one and one half (1 1/2) hours of pediatric head trauma training completed once every five years.

Certified Family Child Care Home providers are required to complete nine hours of cabinet-approved early care and education training annually, including one and one- half (1 ½) hours of pediatric abusive head trauma training completed once every five years.

☐ 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

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

☑ Nutrition (including age appropriate feeding).

Describe:

Licensedchild-care programs in Kentucky must follow meal requirements, which were developed in consultation with the Child and Adult Care Food Program (CACFP) administered by the Kentucky Department of Education. Child Care programs receive consultation and financial support through CACFP program, which provides aid to children and adult care institutions and family or group day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children, and the health and wellness of older adults and chronically impaired disabled persons. Programs that participate in CACFP typically exceed licensing standards. For child care programs that do not participate in CACFP, Kentucky has licensing standards which include food and nutrition requirements.

☑ Access to physical activity.

Describe:

Licensed Type I & Type II facilities based(care and group care homes) are required as a condition of licensing to maintain either an indoor or outdoor gross motor space, which allows each child a minimum of 60 square feet of play space for large muscle activities. In addition, Licensed Type I Licensed Type II and certified family child care homes are required to develop and post a daily schedule and weekly lesson plan for each age group, which includes gross motor play. The OIG-Division of Regulated Child Care conducts annual licensing surveys to ensure that these regulatory requirements are met.

☑ Screen time.

Describe:

Electronic viewing (e.g., computer, hand held video game or television) or listening devices (e.g., headphones) may be used by an individual child up to two hours each day. The program must be appropriate and not include any violence, adult consent or inappropriate language. Viewing or listening activity mustbe designed as an educational tool and should be reflected on the daily lesson plan. The child care center should implement a procedure to inform parents of their plans to use video and audio equipment. If viewing or listening is an incorporated activity, an alternate activity must be provided for a child who does not wish to participate.

☑ Caring for children with special needs.

Describe:

Care for a child with a special need shall be consistent with the nature of the need as

documented by the child's health professional. The child-care center must obtain written information regarding a child with special needs and keep that documentation on file to ensure those needs are met while the child is in a child-care center.

☑ Recognition and reporting of child abuse and neglect.

Describe:

All licensed child-care programs and staff are required to report all suspected allegations of abuse to the Cabinet in accordance with KRS Chapter 620. DCBS determines abuse and/or neglect through investigation. State agencies are authorized to conduct onsite inspections or investigations of child abuse of each child care center at any time. The child care center must cooperate with the state agency during an inspection or investigation. Licensed child care centers should make a report of suspected abuse or neglect to DCBS at 1 (877) 597-2331. In case of an emergency, dial 911 first. Non-emergency reports may be made online at: https://prd.chfs.ky.gov/ReportAbuse/home.aspx . After notification to DCBS, the child care center should notify their local Division of Regulated Child Care office to report the incident of abuse or neglect. Notification can be made by phone, fax, e-mail or may be a hand delivered written statement.

Kentucky's child care regulations require the following:
As of 4/8/13, a child-care center cannot hire a person convicted of a drug-related felony, and five (5) years has not elapsed since the person was fully discharged from imprisonment, probation, or parole (as of 11/8/13 if the person entered an Alford or guilty plea).

Child care centers cannot employ a person who:
a) Has been convicted of a violent crime or, as of 11/8/13, entered an Alford or guilty plea;
b) Has been convicted of a sex crime; or
c) Has been found by the CHFS or a court to have abused or neglected a child.

Each staff who is convicted of or entered an Alford or guilty plea to a violent crime/sex crime/drug felony (and five years have not elapsed since discharged from imprisonment, probation or parole regarding the drug felony), are subject of cabinet child abuse and/or neglect investigation or found by the cabinet or a court to have abused or neglected a child, must report this to the licensee regardless of where the alleged incident occurred.

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

Describe:

Child Care Centers and Family Child Care Homes are required to comply with licensing regulations governingtransportation. http://www.lrc.ky.gov/kar/922.002/120.htm (Section 12) and http://www.lrc.ky.gov/kar/922/002/100.htm (Section 17).

Access administrative regulations governing child-care services and providers (See Chapter 2): http://www.lrc.ky.gov/kar/TITLE922.HTM

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

All child care provider types are required to meet health and safety standards.

http://www.lrc.ky.gov/kar/922/002/120.htm

☐ 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

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

Projected start date for each activity:
Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

☐ Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting:

☑ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016) 09/30/2016

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

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

An interagency contract with the Division of RegulatedChild Care requires the development of training to ensure licensing surveyors are qualified to inspect child care providers and facilities, have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements.

Unmet requirement - Identify the requirement(s) to be implemented ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements.

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

DCBS has made changes to its contractual arrangement with DRCC. Other changes to practice, procedure, and training will be completed no later than September 2016. Technology, administrative regulations, and state statute are not impacted.

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Department of Community Based Services, Division of Child Care

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

Department of Community Based Services, Division of Child Care and Division of Regulated Child Care

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

http://www.lrc.ky.gov/kar/922/002/120.htm

☐ 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:

☑ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016) 11/19/2016

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

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

An interagency contract with the Division of Regualted Child Care requires development of training to ensure, licensing Surveyors are qualified to inspect child care providers and facilities, have received training in related health and safety requirements, and are trained in all aspects of the State's licensing requirements.

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

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.)

A regulatory amendment has been made to align administrative regulation governing the Child Care Assistance Program. The regulatory amendment will be fully adopted by late summer 2016. Other regulatory clean-up will be undertaken in 2017, but said clean-up does not impact implementation due date compliance. Practice and procedural changes, staff development, technology deployments, and full implementation of onsite inspections of unregulated providers will be in effect in November 2016.

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity
Department for Community Based Services, Division of Child Care
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
Department for Community Based Services, Division of Child Care and Division of Regulated Child Care

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:

The ratio of licensing surveyors to child care facilities is 1-50.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

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

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

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

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

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

e) **Child Abuse and Neglect Reporting** - That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

☑ Yes.

Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s):

Child Care regulations:

http://www.lrc.ky.gov/kar/922/002/120.htm(Section 2)

http://www.lrc.ky.gov/kar/922/002/100.htm (Section 18)

The law states that it is the duty of everyone who has reasonable cause to believe that a child is dependent, abused or neglected to report this information.

KRS 620.030 states:

Any person who knows or has reasonable cause to believe that a child is dependent, neglected or abused shall immediately cause an oral or written report to be made to a local law enforcement agency or the Kentucky State Police; the Cabinet or its designated

representative; the commonwealth's attorney or the county attorney; by telephone or otherwise.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

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

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

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

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

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

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

Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

☐ Yes, all relatives are exempt from all inspection requirements.

If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care.

☐ Yes, some relatives are exempt from inspection requirements.

If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.

☑ No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as other adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry. Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense

committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.
Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.
Fees for background checks - Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.
Transparency - The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.
Appeals process - The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.
Privacy considerations - Lead Agency may not publicly release the results of individual background checks.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

☐ Fully implemented and meeting all Federal requirements outlined above.

List the policy citation within the Lead Agency's rules and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.

☑ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2017) 09/30/2017

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

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

Planning and initial steps have been completed for implementation of the background check requirements, including negotiating a contract for software, drafting a new regulation, and developing new policies and procedures.

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.)
Currently, DCC is negotiating a contract to build a system to process the FBI checks and administer the five-year rule. In addition, a new administrative regulation is under development to implement these new requirements.

The Division of Child Care (DCC) began August 2015 working with staff from the Office of Administrative and Technology Services and OIG in effort to utilize the nursing national background check system as a platform or base for a system built specifically to meet DCC's needs.

The Division of Child Care tentatively plans to have a contract for system development by spring of 2016.

Additional notes:
DCBS anticipates formally introducing administrative regulations in spring 2017 to ensure full compliance with all aspects of the CCDF Reauthorization by summer/fall 2017. If legislation is deemed necessary, said legislation will be introduced during the 2017 Regular Session of the Kentucky General Assembly. Corresponding technology, staffing, practice and procedural changes will follow the administrative regulations' promulgation.

Projected start date for each activity: 08/01/2015
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity DCBS Division of Child Care
Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

The Kentucky State Police, Division of Protection and Permanency, and the Office of the Inspector General

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:

All child-care provider applicants and directors must submit background checks and Child Abuse and Neglect (CA/N) check requests and must be in compliance with the above standards before their application is processed. CA/N check requests are scanned saved in the state system. The original background form is mailed back to the requester with notes about whether the individual has a background with the agency. All child-care providers must have completed checks for all staff on file at the provider's location before they are allowed to be alone with children and within 90 days after beginning employment. Surveyors check these files during survey visit, and any background check out of compliance is cited as a deficiency. All individuals submitting a CA/N have appeal rights and may challenge the accuracy of the information.

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:

All requests received from other states for Child Abuse and Neglect checks are processed for free and are prioritized.

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:

An individual may be eligible for employment after a drug-related felony if five years have

passed since the individual was fully discharged from prison, probation, or parole.

☐ No.

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

☐ Yes.

Describe:

☑ No.

5.3.6 Does your State State/Territory exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from background checks?

☐ Yes, all relatives are exempt from all background check requirements.

☐ Yes, some relatives are exempt from the background check requirements. If the State /Territory exempts some relatives from background check requirements, describe which relatives are exempt. from which requirements (some or all).

Describe.

☑ No, relatives are not exempt from background checks.

5.3.7 Describe how fees charged for completing the background checks do not exceed the actual cost of processing and administration, including how the State State/Territory ensures that 3rd party vendors or contractors do not charge fees that exceed the actual cost of processing and administration, if applicable.

Lead Agencies can report that no fees are charged if applicable:

Describe.

Fees for background checks are collected by the Administrative Office of the Courts or the Kentucky State Police. Fees for the Child Abuse and Neglect Checks are $10.00 and do not cover the full cost of staffing, equipment, software, supplies, and postages.

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.

Division of Child Care (DCC) policies are in administrative regulation, are disseminated through new provider packet materials, and are available on the DCC website: http://chfs.ky.gov/dcbs/dcc and Central Registry/Child Abuse & Neglect (CA/N) Checks FAQ.

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.

- [x] Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.
- [ ] Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text

responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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

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

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

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

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

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

6.1.2 Describe how the State provides ongoing training and professional development, provides for a progression of professional development (such as allows an individualto 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.

Kentucky has designed Early Childhood Core Content, which describes what early childhood professionals should know and be able to do. Kentucky's ECE Core Content is comprehensive and descriptive, but also fluid and flexible to allow for needed changes

over time. EC Core Content allows for multiple pathways for entering the field of early childhood education and for exiting at various terminal points, including a mechanism for linking various early childhood education and training programs, and provides for continuous progress and professional development. DCBS and its contractual partners follow the Cabinet's Office of Human Resource Management's Procedures for providing Language Access Services to Clients with Limited English Proficiency.

☑ Career ladder or lattice.

Describe.

Kentucky's Professional Development Framework includes a process meshing for credentialing and training of early childhood professionals, including English Language Learners. It includes five levels of competency, each of which articulate into the next level. At lower levels of competency, the completion of a particular credential, program or certificate equivocates, or transfers, as college credit. Thus, practitioners can transfer their training hours between secondary schools, community and technical colleges, training programs, and four-year institutions.

To assist individuals at various levels of education to achieve their educational goals in an efficient and timely way by coordinating the transfer of policies, enhancing advising, and accepting equivalent courses articulation occurs in various movements.Career pathways may move individuals from High School Certificate of Eligibility to Kentucky's Commonwealth Child Care Credential (CCCC) to Child Development Associate then to a Kentucky's Director's Credential, to an Associate's Degree, Bachelor's Degree and a Master's Degree/Graduate Study.

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

Describe.

DCC has an articulation agreement with individual higher education institutions to ensure that students hold the requisite levels of competency for each credential or certificate earned. The articulation agreement makes accessible for possible transfer training hours between secondary schools, community and technical colleges, training programs, and four-year institutions. The academic credits are transferable to an Interdisciplinary Early Childhood Education program and count toward IECE degree credit hours.

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

Describe.

922 KAR 2:240 requires all early care and education conferences, seminars, and institutes using individuals not holding a current Kentucky Early Care and Education Trainer's Credential to register with the Cabinet for Health and Family Services. Only training hours obtained at registered training events or conducted by an approved Kentucky Early Care and Education Credentialed Trainer will count toward renewal hours of a license, registration or certification, STARS for KIDS NOW program, the Commonwealth Child Care Credential, and the required15 clock hours of training for renewal of the Kentucky Early Care and Education Trainer's Credential.

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

Describe.

The Cabinetand the Child Care Resource and Referral Network (CCR&R) Coaches provide free Getting Started consultations to prospective child-care providers. Coaches provide information and assistance necessary to fully inform all new providers of state requirements for licensure applications, as well as other pertinent information for the quality of care operations. Specific topics covered in Getting Started include: designing the center, staffing, marketing, and planning/developing a flexible budget. Plans are under development for additional expanded training and technical assistance on best business practices for new and existing providers.

Kentucky's Child Care Resource and Referral CCR&R Network utilize regional workforce development specialists to provide training, skill development, and consultation for small business.

The ECE-TRIS (Early Care and Education Training Records Information System) is the designated database for all Early Care and Education practitioners in the state. ECE-TRIS was created to store and maintain individual training records for Early Care and Education professionals in Kentucky. ECE-TRIS creates an easily accessible, centralized location for all early care and education training records.

The Kentucky early care and education workforce data is a series of three surveys

examining the background, experience, education, professional development, wages, and benefits of child care directors, teachers and family child care providers.

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

Describe.

The Governor's Office of Early Childhood ProfessionalDevelopment Work Group of the Early Childhood Advisory Council, in collaboration with the Cabinet and Child Care Resource and Referral Network, integrates the public and private professional development system to develop and disseminate professional development based on Kentucky law.

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

Describe.

☑ State-approved trainings.

Describe.

Kentucky's Early Care and Education credentialed trainers promote high quality professional development that results in transfer of learning and positive outcomes for young children and families. Training provided by a credentialed trainer meets the requirements of the following: child care licensing, certification and registered provider training; STARS for KIDS NOW Quality Rating System; Commonwealth Child Care Credential renewal; and Trainer's Credential renewal.

Individual workshops/training events not conducted by a credentialed trainer must be submitted to DCC for approval by registering the training event 30days prior to the training date.

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

Describe.

☐ Other.

Describe.

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC

Describe.

DCC and the Child Care Resource and Referral Network implemented Kentucky Early Childhood (EC) Core Content defined as the specific knowledge, competencies, and characteristics needed by early childhood practitioners to work effectively with young children and families. EC Core Content is the foundation for determining training and course content, and competency standards for professional performance. The EC Core Content was developed using existing professional resources that put forth standards (i.e., Kentucky Interdisciplinary Early Childhood Education programs, Child Development Associate functional area competency standards, Head Start, Family Child Care, American Public Health, National Association for the Education of Young Children, and the Division for Early Childhood of the Council for Exceptional Children).

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 Kentucky Division of Child Care developed and continuously revises the Orientation curriculum for new child care providers. The curriculum addresses key competencies in the area of Healthy, Safety and Sanitation, Child Abuse, and Developmentally Appropriate Child Care practices. The program is conducted by approved Early Care and Education Credentialed Trainers.

The Child Care Health Consultants, which include Registered Nurses, Health Educators, and Early Childhood Mental Health Specialists, provide program and child-level consultation to early care and education (child care) programs regarding social, emotional, and behavioral

issues and training for child-serving agencies and individuals. The program also provides consultation and technical assistance on health, safety and nutrition for children ages 0-5 to child care providers. Trained Child Care Health Consultants from local health departments participate in joint activities with Child Care Resource and Referral and the STARS for KIDS NOW initiative specific to their areas to ensure collaboration and coordination on issues impacting the quality of child care.

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.

Kentucky provides resources and technical assistance for practitioners on diverse English Language Learners and children with identified disabilities through internal CHFS partnerships and contracted resources. Individuals planning early childhood education and training programs can use the Early Care Core Content to correlate program content with the expected skill levels and desired competency outcomes of the participants. The Early Care Core Content covers seven essential competency subject areas of early childhood education, and each area is organized into five levels of increasing mastery.

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 Early Childhood Development Scholarship provides a seamless system to upgrade the professional development of those working in early care and education. The state legislature and the Governor created the Early Childhood Development Scholarship as part of the KIDS NOW early childhood initiative. The scholarship provides financial assistance, to the extent of available funds, in the form of non-repayable college and non-college tuition scholarships for Kentucky students who are pursuing one of the following: Commonwealth Child Care Credential, Child Development Associate, Associate Degree in Early Childhood Education, Bachelor's Degree in Interdisciplinary Early Childhood Education or related program, and a Director's Credential.

☑ Financial incentives linked to education attainment and retention.

Describe.

Financial awards and reimbursements are available to qualifying KIDS NOW participating programs and scholars.Milestone Awards are awarded to individuals earning the Commonwealth Child Care Credential, Child Development Associate, Director's Credential, Associate degree, and Bachelor's degree either through the non-college or college scholarship program.Ten percent of the award is paid by the employer, and 90% is paid by the Division of Child Care. Also available to college scholars is a $50.00 textbook fee per semester and a $100.00 Related Educational Reimbursement per semester while pursuing an ECE credential or degree.

In addition, approved scholars must agree to remain employed in theirearly childhood program for a specified amount of time in relation to the degree or credential they are pursuing.

Reference: http://www.lrc.ky.gov/kar/TITLE011.HTM (Chapter 16: 060 for requirements).

☐ Registered apprenticeship programs.

Describe.

☑ Outreach to high school (including career and technical) students.

Describe.

The Division of Child Care collaborates with the Kentucky Department of Education's Secondary Education Early Care and Education Career and Technical program allowing students to graduate career ready in the field of Early Education. The system includes a

cross-walk between required secondary education course work and the Commonwealth Child Care Credential and the national CDA credential and provides the opportunity for career and technical teachers to offer required new employee Orientation.

☐ Policies for paid sick leave.

Describe.

☐ Policies for paid annual leave.

Describe.

☐ Policies for health care benefits.

Describe.

☐ Policies for retirement benefits.

Describe.

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

Describe.

☐ Other.

Describe.

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.

Through the Child Care Resource and Referral Network, Professional Development Coaches are available to assist new individuals entering the field of early care and education, including English Language Learners, in applying for the Kentucky Early Childhood Development Scholarship. The primary language offered is Spanish. DCBS and its contractual partners follow the Cabinet's Office of Human Resource Management's Procedures for providing Language Access Services to clients with Limited English

Proficiency. Other languages common in Kentucky's population include Vietnamese, Somalian, and Russian.

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.

- [x] Informational materials in non-English languages
- [x] Training and technical assistance in non-English languages
- [x] CCDF health and safety requirements in non-English languages
- [x] Provider contracts or agreements in non-English languages
- [ ] Website in non-English languages
- [x] Bilingual caseworkers or translators available
- [x] Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
- [ ] Other.

Describe.

- [ ] None

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

The primary language offered is Spanish. DCBS and its contractual partners follow the Cabinet's Office of Human Resource Management's Procedures for providing Language Access Services to clients with Limited English Proficiency. Other translated/interpreted languages common in Kentucky's population include Vietnamese, Somalian, and Russian.

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 Cabinet for Health and Family Services, Division of Community Based Services will consult with McKinney-Vento State coordinators for Homeless Education in the development of comprehensive training and technical assistance materials.

By embedding the six (6) protective factors of Kentucky Strengthening Families Framework, we will mobilize partners, communities and families to build family strengths, promote optimal development, increase school readiness, and reduce child abuse and neglect.

☐ 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.

With Kentucky being a recipient of a Race to the Top Early Learning Challenge Grant, the Governor's Office of Early Childhood with strong partnerships with the Kentucky Department of Education (KDE), the Cabinet for Health and Family Services (CHFS), the Education and Workforce Development Cabinet (EWDC), and the Early Childhood Advisory Council (ECAC), along with other partnerships with public and private organizations, are working to increase access to high quality training and technical assistance through the expansion of current professional development and coaching supports in the child care workforce.

Through the CHFS and the CCR&R Network, trainers and coaches will promulgate high quality professional development to promote the transfer of learning and positive outcomes for young children and families.

Regulations governing Kentucky's CCAP require participation in the Tiered Quality Rating and Improvement System. As community-based child care providers migrate to a new Tiered Quality Rating and Improvement System, there will be additional opportunities for children receiving child care through CCAP to be screened and referred

for assessment.

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

☑ CCDF funds.

Describe:

Multiple funding sources include State Tobacco Settlement Agreement funds, State General Funds, funded by the Federal Child Care and Development (CCDF) and Quality funding streams earmarked for the Quality Rating and Improvement System .

☑ Other funds.

Describe:

The Cabinet for Health and Family Services Department of Community Based Services Division of Child Care allocate the use of Tobacco and General state funds through KIDS NOW Initiative.

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

☑ Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c.

Describe:

The Cabinet for Health and Family Services Department of Community Based Services and the Child Care Resource and Referral Network Coaches are available to assist providers in assessing needs and match them with resources which are provided face to face, online, and via hybrid options.

Connect the Dots is a joint collaboration between multiple early education and behavioral health professionals across Kentucky. This collaboration was built to address the need for a high impact skills- basedtraining for early childhood professionals teaching the basics of social emotional best practices. There are three modules: one for Preschool teachers, one for Infant-Toddler, and for parents.

☑ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such

behaviors (see also Section 2).

Describe:

The Child Care Resource and Referral Network will convene a strategic planning committee to assess professional development content related to the social and emotional development and regulatory expectations to ensure providers are adequately equipped to address the social emotional/behavioral health of children (including positive behavioral intervention and support models) with the potential for regulatory modification.

☑ 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:

Kentucky Strengthening Families (KYSF)represents a multi-disciplinary partnership of over 20 national, state and local, and public and private organizations dedicated to embedding six research-based Protective Factors into services and supports for children and their families. Supporting families is a key strategy for promoting school readiness and preventing child abuse and neglect. All families experience times of stress, and research demonstrates that children grow and learn best in families who have the supports and skills to deal with those times. By supporting families and building their skills to cope with stressors, we can increase school readiness and reduce the likelihood abuse that may occur in families.

☑ 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:

Our professional development system is built on a foundation of developing and maintaining a qualified workforce within a pipeline. Thisis composed of high school graduates who earn their credentials within Family and Consumer Sciences Early Care and Education Coursework, college graduates with certification as well as those who entered the field from non-related fields. On-going professional development allows workers to move through this career lattice and obtain their long-term goals in the field of early care and education. (Note section 6.1.7)

☑ 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:

CHFS and the CCR&R Network coordinates with the Department for Public Health to develop and disseminate training and technical assistance to practitioners to promulgate effective evidence based practices and comprehensive services to children in child care settings. This is an agency internal to CHFS.

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

Describe:

CHFS along with the Child Care Resource and Referral Network Coaches guide program evaluation to ensure continuous improvement. Eight regional CCR&R Training Coaches monitor trainings offered in their area to ensure professional development opportunities are available that cover all core content subject areas and levels that allow child care providers to readily attain relevant, quality training to meet child care regulatory requirements. These activities are tracked through ECE-TRIS (Early Care and Education Training Records Information System), the CHFS designated database for all Early Care and Education practitioners in the state. Training Coaches submit quarterly gap analyses to set training priorities for each region to the Regional Child Care Administrators for evaluation and project planning.

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

Describe:

Regulations governing Kentucky's CCAP require participation in the Tiered Quality Rating and Improvement System. As community-based child care providers migrate to the new Tiered Quality Rating and Improvement System, Kentucky's Child Care Aware CCR&R Network will utilize Coaches and specialists to provide training and skill development.

For additional information on how parents, providers, and the general public will be informed, please see Section 2 which includes a listing of partners and the description of mechanisms for disseminating information

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

Describe:

The Cabinet in partnership with the Governor's Office of Early Childhood Race to the Top personnel have completed a needs assessment of practitioners in respect to addressing their needs to support children with disabilities and developmental delays.

An action plan will be developed with workforce outcomes and supports to meet the identified needs of practitioners serving young with child disabilities and developmental delays.

☑ Supporting positive development of school-age children.

Describe:

The Cabinet in partnership with the Governor's Office of Early Childhood Race to the Top personnel have completed a needs assessment of practitioners in respect to addressing their needs to support children with disabilities and developmental delays. An action plan will be developed with workforce outcomes and supports to meet the identified needs of practitioners serving school-age children.

☐ 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

Six (6) hours of Cabinet-approved orientation within the first three (3) months of employment and nine (9) hours of Cabinet-approved early care and education training within the first year of employment including one and one half (1 ½) hours of pediatric abusive head trauma training.

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

Fifteen (15) hours of Cabinet-approved early care and education training during each subsequent year of employment, including one and one half (1½) hours of pediatric abusive head trauma completed once every five (5) years.

b) Licensed Group Child Care Homes

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

N/A

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

N/A

c) Licensed Family Child Care Provider

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

Six (6) hours of Cabinet-approved orientation within the first three (3) months of employment and nine (9) hours of Cabinet-approved early care and education training within the first year of employment including one and one half (1 ½) hours of pediatric abusive head trauma training.

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

Fifteen (15) hours of Cabinet-approved early care and education training during each subsequent year of employment, including one and one half (1½) hours of pediatric abusive head trauma completed once every five (5) years.

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content
Registered providers required to complete six (6) hours of Cabinet-approved orientation within the first ninety (90) calendar days of intent to apply for registration as a child care provider in provider home or child(s) home, including one and one half (1 ½) hours of pediatric abusive head trauma training

2) Number of on-going hours and any required areas/content
Registered providers required to complete three (3) hours of training in early care and education; including one and one-half (1 ½) hours of pediatric abusive head trauma training completed one every five (5) years.

☐ 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

Child Care Aware of Kentucky has regional Health and Safety Coaches that provide consultations to prospective child care providers. Coaches provide information and assistance necessary to fully inform all new providers of state requirements for licensure applications, as well as other pertinent information for quality care operations. Specific topics covered in Getting Started include: designing the center, staffing, marketing, and planning/developing a flexible budget.

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

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

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

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

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

Projected start date for each activity:
Projected end date for each activity:
Agency - Who is responsible for complete implementation of this activity

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

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State's early learning and development guidelines appropriate for children from birth to kindergarten entry.

☑ The State assures that the early learning and development guidelines are:
- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
- Updated as determined by the State. List the date or frequency

The Cabinet for Health and Family Services (CHFS), the Kentucky Department of Education (KDE), Child Care Resource and Referral Network, and the Early Childhood Advisory Council (ECAC) along with other partnerships with public and private organizations, work to ensure early learning and developmental guidelines are continuously updated as per current evidence based practices.

☑ 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://kidsnow.ky.gov/engaging-families/Documents/parent%20guide%200-3.pdf
Governor's Office of Early Childhood (2013).
"Building a strong foundation for school success: The Kentucky early childhood standards. Parent guide for children birth to three." The guides use parent-friendly language to share tips and activities that families can use on a daily basis to encourage learning. The guides are separated into two publications for the zero to three and three and four age groups and focus on the five developmental areas of the school readiness definition.

☑ Three-to-Five

Provide a link:
Governor's Office of Early Childhood (2013).

"Building a strong foundation for school success: The Kentucky early childhood standards. Parent guide for children three to four." The guides use parent-friendly language to share tips and activities that families can use on a daily basis to encourage learning. The guides are separated into two publications for the zero to three and three and four age groups and focus on the five developmental areas of the school readiness definition.

☐ 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:

http://kidsnow.ky.gov/engaging-families/Documents/parent%20guide%203-4.pdf Governor's Office of Early Childhood (2013). "Building a strong foundation for school success: The Kentucky early childhood standards. Parent guide for children three to four." The guides use parent-friendly language to share tips and activities that families can use on a daily basis to encourage learning. The guides are separated into two publications for the zero to three and three and four age groups and focus on the five developmental areas of the school readiness definition.

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:

CHFS and sixty (60) Child Care Resource and Referral Network Regional Coaches are available to all Licensed and Certified child care providers to assist with early learning and development of children birth through school age.

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

Describe:

A system of twenty-four (24) regional Quality Coaches and four (4) Quality Specialist are available to all licensed child care providers to assist with quality enhancement related to early learning and development guidelines.

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

Describe:

CHFS, its internal agencies, and sixty (60) Child Care Resource and Referral Network Regional Coaches are available to all Licensed and Certified child care providers to assist with early learning and development of infants and toddlers.

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

Describe:

CHFS, its internal agencies, and sixty (60) Child Care Resource and Referral Network Regional Coaches are available to all Licensed and Certified child care providers to assist with early learning and development of preschool children

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

Describe:

CHFS, the Governor's Office of Early Childhood, and sixty (60) Child Care Resource and Referral Network Regional Coaches are available to all Licensed and Certified child care providers to assist with early learning and development of school-age children.

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

☑ CCDF funds.

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

CCDF funds are allocated for services through a contract with the Kentucky

Partnership for Early Childhood Services, housed at the University of Kentucky Human Development Institute to support coordination of a statewide network of Health & Safety, Quality Coaches providing technical assistance to child care providers.

☐ 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

Evaluate and create improvement to the state quality rating and improvement system to encourage participation of all eligible early learning and development programs. Increase consumer awareness of the State Quality Rating Improvement System.

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

☑ Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2. Indicate which funds will be used for this activity (check all that apply)

☑ CCDF funds.

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

CCDF funds support the STARS for KIDS NOW Quality Rating System

☑ Other funds.

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

Kentucky received the Race to the Top Early Learning Challenge Grant.

☐ 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.)

- [ ] Other funds.

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

- [ ] Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4. Indicate which funds will be used for this activity (check all that apply)

  - [ ] CCDF funds.

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

  - [ ] Other funds.

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

- [ ] Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5. Indicate which funds will be used for this activity (check all that apply)

  - [ ] CCDF funds.

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

  - [ ] Other funds.

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

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

  - [ ] CCDF funds.

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

  - [ ] Other funds.

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

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

☐ CCDF funds.

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

☐ Other funds.

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

☐ Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8. Indicate which funds will be used for this activity (check all that apply)

☐ CCDF funds.

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

☐ 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

☑ Other funds.

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

Race to the Top Early Learning Challenge Grant.

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

http://chfs.ky.gov/dcbs/dcc/stars/

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

Provide a link, if available

☐ No, but the State/Territory is in the development phase

☐ No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

☑ Participation is voluntary

☑ Participation is mandatory for providers serving children receiving subsidy.

If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.)

Providers serving children receiving subsidy must have an approved QRIS rating.

☐ 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:

- [x] Designed to improve the quality of different types of child care providers and services
- [x] Describes the safety of child care facilities
- [x] 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

- [x] 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.

- [x] Licensed child care centers
- [x] Licensed family child care homes
- [ ] License-exempt providers
- [x] Early Head Start programs
- [x] Head Start programs
- [x] State pre-kindergarten or preschool program
- [ ] Local district supported pre-kindergarten programs
- [x] Programs serving infants and toddlers
- [x] Programs serving school-age children
- [x] 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:

Kentucky completed a program evaluation of STARS, which included a review of the overall policies, processes, and program performance. DCBS will be reviewing the results and recommendations to assist with program enhancements.

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:

CHFS, its internal agencies, and Child Care Resource and Referal Network Regional Coaches are available to all Licensed and Certified child care providers to provide training and professional development coaching and technical assistance to Kentucky Credentialed Trainers.

☐ Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care.

Describe:

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

Describe:

CHFS, its internal agencies, and sixty (60) Child Care Resource and Referal Network Regional Coaches are available to all Licensed and Certified child care providers to provide infant-toddlercoaching and technical assistance.

☐ 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:

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

Describe:

There is a Child Care Provider Search public page available for parents to obtain age-appropriate child care services. Consumer information is available at: https://prdweb.chfs.ky.gov/kiccspublic/providersearchpublic.aspx

☐ 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:

In the current QRIS system, there are analyses from initial participation through final rating andmovement between quality levels.

The information is used to determine the penetration rates, comparing the number of licensed and certified providers to the number of STAR rated providers, in order to estimate the level of technical assistance that maybe required in a region to increase the number of STAR rated providers. This information is public record.

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

The system is a managing network in which fund are distributed to five agencies to provide statewide services.

☐ 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:

Analysis of monthly and quarterly reviews of each programs' progress toward improving quality is conducted.

DCBS monitors outputs of the CCR&Rs and continues to explore other evaluative measures, including customer service surveys. DCBS also uses licensure and certification data, specifically civil monetary penalties and deficiencies, to identify technical assistance needs and whether technical assistance needs have been addressed by CCR&Rs

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:

Health and Safety Coaches provide technical assistanceproviders on all above cetegories.

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:

Regular analysis of monthly and quarterly reviews of each programs progress toward improving quality.

Outcomes will vary based on program activity. Data analysis will assist in identification of trends or areas that could benefit from coaching and technical assistance to support improved quality. DCBS uses licensure and certification data, specifically civil monetary penalties and deficiencies, to identify technical assistance needs and whether technical assistance needs have been adequately addressed.

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

Data include measuring and evaluating program's standards and environmental rating scales.

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:

Results are compared over time to determine increase and improvement in quality settings.

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

National Accreditation mini-grants are available to providers to cover the costs of the accreditation assessment.

☐ 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:

Analysis of monthly and quarterly reviews of each programs progress toward improving quality.

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 Lead Agency in collaboration with Early Childhood Development Branch provides active leadership in achieving the health goals of the state's early childhood initiatives through HANDS (Health Access Nurturing Development Services), CCHC Child Care Health Consultation for Healthy Start in Child Care, ECMH Early Childhood Mental Health, and First Steps - Kentucky's Early Intervention System.

The Kentucky Health Access Nurturing Development Services (HANDS) program is a voluntary home visitation program for any new or expectant parents. HANDS support families as they build healthy, safe environments for the optimal growth and development of children.

CCHC's provide consultation on health, safety and nutrition to child care providers. Trained Healthy Start child care consultants from the local health departments participate in joint activities with the resource and referral agencies in their areas to ensure collaboration and coordination regarding health, safety and nutrition issues impacting the quality of child care.

First Steps is a statewide early intervention system that provides services to children with developmental disabilities from birth to age 3 and their families. First Steps is Kentucky's response to the federal Infant-Toddler Program. First Steps offers comprehensive services

through a variety of community agencies and service disciplines and is administered by the Department for Public Health in the Cabinet for Health and Family Services.

ECMH Early Childhood Mental Health specialist are responsible for the oversight of services and supports for children and youth who have or are at-risk of developing behavioral health concerns (including both mental health and substance use), and their families. This includes assisting providers and families in accessing training and coaching in a variety of evidence-based and promising approaches.

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 monitors provider data to determine if the number of participating agencies is increasing or decreasing.

Based on data from the Early Care and Education Training Record Information System (ECE-TRIS), the number of training sessions and participants listed in Section 7.8.1 increased as providers had the opportunity to select training sessions addressing child care core competencies.

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.

In December of 2013, Kentucky received notice that the Commonwealth would join 19 other States as a winner of the Race to the Top Early Learning Challenge (RTT-ELC) competition.

This incredible opportunity allows the Commonwealth to continue the long history of investments in early childhood education that has its roots all the way back to 1965 when two programs were among the first recipients of a Head Start grant. The legacy has continued to build with the 1990 Kentucky Education Reform Act (KERA) that established state funding for public preschool. Building on that success, in 2000, the state passed the KIDS NOW initiative. KIDS NOW dedicated 25 percent of the State's tobacco settlement dollars to early childhood initiatives and helped establish the HANDS home visiting program and STARS for KIDS NOW, one of the nation's first tiered quality rating and improvement systems (or, TQRIS) for licensed early learning and development programs.

In a press release that announced the RTT-ELC award, Governor Steve Beshear said, "This $44 million grant represents one of the largest single investments in Kentucky's students - and it's targeted specifically to our youngest students, who will carry the positive impact of these programs throughout their school careers." Since that announcement, the Commonwealth has worked to implement the details of the RTT-ELC plan. Known as Kentucky All STARS, the work of implementation is being led by the Governor's Office of Early Childhood with strong partnerships with the Kentucky Department of Education (KDE), the Cabinet, the Education and Workforce Development Cabinet (EWDC), and the Early Childhood Advisory Council (ECAC). All of these agencies, along with other public and private partners, are working to fulfill the ultimate goal of the Kentucky All STARS plan: to increase access to high quality early learning and development programs to more children with high needs.

Through Kentucky All STARS, the Commonwealth will shift the current TQRIS from voluntary to inclusive and required for all child care, state-funded preschool, and Head Start programs, ensuring each program with two or more non-relative children: 1) meets a minimum level of quality, 2) continues a process of improvement, and 3) has access to the necessary supports and technical assistance to achieve high levels of quality. This will be accomplished through a redesign of the STARS levels, through legislation, by linking the TQRIS system to licensing requirements and expanding the system of supports for all programs to achieve higher quality.

By 2017, STARS will require each early learning and development program to participate in the TQRIS and to develop strategies to reach the higher levels of quality.

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:

- 922 KAR 2:020 define violations and establish procedures for improper payments, claims, and penalties used by the cabinet in the administration of the CCDF Child Care Assistance Program (CCAP). Any modification of violation definition will be addressed by regulation amendments.
- CCAP eligibility staff receives face-to-face training on program violations, payment errors, policy, and procedure. New employee's work pends prior to the final processing of case actions for a supervisory review. Intensive oversight and coaching/mentoring occur for a minimum of 90 days for new employees and continue until the employee completes work with an accuracy rate of 95%. Included as part of the monitoring process, a supervisor completes a case review sheet on all cases a

new employee effects. Upon the worker obtaining the required accuracy level, the supervisor submits case review documentation to CHFS/DCBS to report case decision achieved by the new employee.

- The DCBS Division of Program Performance designated an individual to conduct case file reviews and report the findings to DCC. In addition, DCC conducts regular, ongoing internal case reviews focusing on correct implementation of standard policy and procedures, and the Division of Program Performance conducts independent reviews focused primarily on payment accuracy and improper payment.

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.

- [x] Issue policy change notices
- [ ] Issue new policy manual
- [x] Staff training
  - [x] Orientations
  - [x] Onsite training
  - [x] Online training
- [ ] Regular check-ins to monitor implementation of the new policies.

  Describe:

- [ ] Other.

  Describe:

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF.

The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-

recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements.

Definition: "Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93).Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as "vendors").The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified."

Describe:

All contracted services remain under the direct supervision and administration of the Cabinet, which ensures the implementation of services through internal controls, contract monitoring, and fiscal audits.

- The contractor shall comply with the provisions of the Privacy Act of 1974 and instruct its employees to use the same degree of care it uses with its own data to keep confidential information concerning client data, the business of the Commonwealth, its financial affairs, its relations with its citizens and its employees, as well as any other information which may be specifically classified as confidential by the Commonwealth in writing to the contractor. All federal and state regulations and statutes related to confidentiality shall be applicable to the contractor.
- A system of internal controls is provided in the accounting and policy organizational structure within DCBS and its Cabinet-level partners, the Division of General Accounting and the Office of Policy and Budget; and within the State's financial management system, enhanced Management Administrative Reporting System (eMARS): http://finance.ky.gov/internal/eMARS/. Assessment of the state's internal controls is made annually by the Auditor of Public Accounts.
- All contracted services must meet the stipulations of the contract for a one year period. Contracts may be renewed for one additional year or opened to new competition through a formal request for proposal process in accordance with Kentucky Revised Statutes (KRS) Chapter 45A.
    - The budget staff is responsible for the compilation and submission of the biennial budget for DCBS programs, daily monitoring of financial activity, budget modifications and realignments, and contract funding verification. In addition, budget staff prepares fiscal impacts to proposed legislation, administrative regulations, and state plans as well as responses to specific information requests from the Governor's Office of Policy and Management and the Legislative

Research Commission.

The DAFM Policy and Program Administration Branch is responsible for the following functions and services for DCBS: contract development and administration for Personal Service Contracts (PSC's), Memorandum of Agreements (MOA's), and Memorandum of Understandings (MOU'S); development and issuance of competitive solicitations or RFP's; contract monitoring functions; coordination and promulgation of administrative regulations and their review; coordination of federal formula and block grant applications and their electronic archiving; and review of OMB A-133 audit reports from sub recipients of federal funds.

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.

- [x] 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))
- [x] Run system reports that flag errors (include types)

Describe:

Claims fall into one (1) of three (3) categories:

- Intentional Program Violation (IPV)
- Agency Error (AE)
- Inadvertent Error (IE)

Random monthly case reviewsare conducted to identify potential errors in addition to reports ran to track number of IPV, AE and IE are completed each month and annually.

Intentional Program Violation (IPV) - occurs when the claim is established by

admission, hearing, or a court of law.
This includes claims caused by:

Misrepresentation of information by making a false statement either orally or in writing to obtain or attempt to obtain services or payments for which they are not eligible;
Concealment of information to obtain services or payments to which they are not eligible;
Deliberately withheld information needed to accurately determine eligibility;
Deliberate failure to report a change timely in order to continue to receive services to which they are not entitled;
Falsification or alteration of documents to obtain services or payments to which they are not entitled.

- [x] Review of enrollment documents, attendance or billing records
- [x] Conduct supervisory staff reviews or quality assurance reviews
- [x] Audit provider records
- [x] Train staff on policy and/or audits
- [ ] Other.

Describe:

- [ ] None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

- [x] 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))
- [x] Run system reports that flag errors (include types)

Describe:

Claims fall into one (1) of three (3) categories:

- Intentional Program Violation (IPV)
- Agency Error (AE)
- Inadvertent Error (IE)

Random monthly case reviewsare conducted to identify potential errors in addition to

reports ran to track number of IPV, AE and IE are completed each month and annually.
Intentional Program Violation (IPV) - occurs when the claim is established by admission, hearing, or a court of law.
This includes claims caused by:

Misrepresentation of information by making a false statement either orally or in writing to obtain or attempt to obtain services or payments for which they are not eligible;
Concealment of information to obtain services or payments to which they are not eligible;
Deliberately withheld information needed to accurately determine eligibility;
Deliberate failure to report a change timely in order to continue to receive services to which they are not entitled;
Falsification or alteration of documents to obtain services or payments to which they are not entitled.

- [x] Review of enrollment documents, attendance or billing records
- [x] Conduct supervisory staff reviews or quality assurance reviews
- [x] Audit provider records
- [x] 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?

- [x] Require recovery after a minimum dollar amount in improper payment.

  Identify the minimum dollar amount: 25.00
- [x] Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- [x] Recover through repayment plans
- [x] Reduce payments in subsequent months
- [x] Recover through State/Territory tax intercepts
- [ ] Recover through other means
- [ ] Establish a unit to investigate and collect improper payments.

  Describe:

- [ ] Other.

  Describe:

- [ ] None.

  Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

- [x] Require recovery after a minimum dollar amount in improper payment.

  Identify the minimum dollar amount: 25.00
- [x] Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- [x] Recover through repayment plans
- [x] Reduce payments in subsequent months
- [x] Recover through State/Territory tax intercepts
- [ ] Recover through other means

☐ Establish a unit to investigate and collect improper payments.

Describe composition of unit below

☐ Other.

Describe:

☐ None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, include action steps and completion timelines:

c) Check which activities the Lead Agency will use for administrative error?

☑ Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount: 25.00

☑ 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

☐ 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.

- [x] Disqualify client.

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

  In accordance with 922 KAR 2:020, the cabinet initiates an administrative disqualification hearing upon the establishment of an Intentional Program Violation (IPV). The recipient household may attend with representation. All substantiated IPVs' are subject to the following disqualification periods from Child Care Assistance Program:

  1. Three (3) months disqualification for a first occurrence of IPV;
  2. Six (6) months disqualification for a second occurrence of IPV; and
  3. Permanent disqualification for a third occurrence of IPV.

- [x] Disqualify provider.

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

  Providers are subject to the same administrative hearing/appeal rights and disqualification periods as recipients.

  In accordance with 922 KAR 2:020, the cabinet initiates an administrative disqualification hearing upon the establishment of an Intentional Program Violation (IPV). The provider may attend with representation. All substantiated IPVs' are subject to the following disqualification periods from Child Care Assistance Program:

  1. Three (3) months disqualification for a first occurrence of IPV;
  2. Six (6) months disqualification for a second occurrence of IPV; and
  3. Permanent disqualification for a third occurrence of IPV.

- [x] Prosecute criminally
- [ ] Other.

Describe: