

Oklahoma 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 Oklahoma 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 Oklahoma 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 Oklahoma CCDF Plan - The Plan describes the CCDF program to be administered by Oklahoma 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 Oklahoma 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

Edward Lake, Director
Oklahoma Department of Human Services
PO Box 25352
Oklahoma City, OK 73125

Dear Director Lake:

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 Oklahoma 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 Oklahoma 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.

The following conditions apply to your CCDF Plan:

- Waiver Requests – The CCDBG Act of 2014 gives the Secretary the option to waive statutory provisions or penalties for up to 3 years if certain statutory conditions are met. Background Check provisions were not considered under this waiver implementation process because the Act provided for a separate extension

process for States and Territories unable to comply by September 30, 2017. Decisions regarding your waiver requests are listed below.

- Your waiver request(s) for Graduated Phase-Out (3.1.5) has been approved through the date listed in your Implementation Plan, not to exceed one year.

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 Oklahoma program must be submitted as a plan amendment to your Regional Office for approval in accordance with 45 CFR 98.18(b).

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

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

Page 3 – Edward Lake, Director

Sincerely,

Rachel Schumacher
Director
Office of Child Care

cc: Lesli Blazer, Director Oklahoma Child Care Services
Gwendolyn Jones, Regional Program Manager, Office of Child Care Region VI

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

1 Define CCDF Leadership and Coordination with Relevant Systems

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

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

1.1 CCDF Leadership

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

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

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

Name of Lead Agency: [Oklahoma Department of Human Services](#)

Address of Lead Agency: [PO Box 25352, Oklahoma City, OK 73125](#)

Name and Title of the Lead Agency Official: [Edward Lake, Director](#)

Phone Number: [405-521-3646](#)

E-Mail Address: ed.lake@okdhs.org

Web Address for Lead Agency (if any): <http://www.okdhs.org/Pages/default.aspx>

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: [Lesli Blazer](#)

Title of CCDF Administrator: [Director, Oklahoma Child Care Services](#)

Address of CCDF Administrator: [PO Box 25352, Oklahoma City, OK 73125](#)

Phone Number: [405-521-4441](#)

3Afalse%2C%22m%22%3Anull%7D%2C%7B%22n%22%3A%22RefinableString12%22%2C%22t%22%3A%5B%22%5C%22%2C%7%82%2C%7%823131302e204c6963656e73696e67205365727669636573205b4f4143203334302d3131305d%5C%22%22%5D%2C%22o%22%3A%22and%22%2C%22k%22%3Afalse%2C%22m%22%3Anull%7D%2C%7B%22n%22%3A%22RefinableString14%22%2C%22t%22%3A%5B%22%5C%22%2C%7%82%2C%7%82312e204c4943454e53494e47205345525649434553202d204348494c442043415245%5C%22%22%5D%2C%22o%22%3A%22and%22%2C%22k%22%3Afalse%2C%22m%22%3Anull%7D%5D%7D

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

Outreach and Consumer Education (section 2)

Agency/Department/Entity [DHS/CCR&R](#)

Name of Lead Contact [Jennifer Towell](#)

Subsidy/Financial Assistance (section 3 and section 4)

Agency/Department/Entity [DHS/Adult and Family Services, Child Care Subsidy/Child Care Services](#)

Name of Lead Contact [Charles Pruett, Joni Riley](#)

Licensing/Monitoring (section 5)

Agency/Department/Entity [DHS/Child Care Services](#)

Name of Lead Contact [Kristi Simpson](#)

Child Care Workforce (section 6)

Agency/Department/Entity [DHS/Child Care Services](#)

Name of Lead Contact [Lu Ann Faulkner-Schneider](#)

Quality Improvement (section 7)

Agency/Department/Entity [DHS/Child Care Services](#)

Name of Lead Contact [Lu Ann Faulkner-Schneider](#)

Grantee Accountability/Program Integrity (section 8)

Agency/Department/Entity [DHS/Child Care Services/Adult and Family Services, Child Care Subsidy](#)

Name of Lead Contact [Lesli Blazer/Charles Pruett](#)

[1.2 CCDF Policy Decision Authority](#)

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

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

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

All program rules and policies are set or established at the State/Territory level.

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

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

State/Territory

County.

If checked, describe the type of eligibility policies the county can set

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

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

Other.

Describe:

Sliding fee scale is set by the:

State/Territory

County

If checked, describe the type of sliding fee scale policies the county can set

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

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

Other.

Describe:

Payment rates are set by the:

State/Territory

County.

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

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

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

Other.

Describe:

Other.

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

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

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

a) Who determines eligibility?

CCDF Lead Agency

TANF agency

Describe.

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.

A network of Child Care Resource and Referral Agencies cover all 77 counties in Oklahoma and is managed through an RFP awarded to Oklahoma Child Care Resource and Referral Association. As part of their contract with the Lead Agency, the CCR&R network assists parents in locating child care-either through the central Parent Referral Call Center or at the local level by one of the 8 regional offices.

Community-based organizations

Describe.

Other.

Describe.

c) Who issues payments?

CCDF Lead Agency

TANF agency

Describe.

Other State/Territory agency.

Describe.

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

Describe.

- Child care resource and referral agencies

Describe.

- Community-based organizations

Describe.

- Other.

Describe.

1.3 Consultation in the Development of the State Plan

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

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

For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of

participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

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

Describe:

Government officials have the opportunity to review drafts and provide input by completing the State Plan Survey, responding to posted draft of plan and by attending the state plan hearing. The State Plan hearing follows the Open Meeting Requirements for the State of Oklahoma with regards to notification, opportunity to submit input, and results of public surveys. The State Plan is forwarded to the Oklahoma Senate Pro Tempore, The Oklahoma Speaker of the House of Representatives, and the Governor of the State of Oklahoma. Links to the survey were posted on DHS website as of April 14, 2015. Survey links were live until June 15, 2015. Staff is encouraged to meet with local officials to identify child care issues in their local communities and municipalities.

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

Describe:

The Oklahoma Partnership for School Readiness (OPSR) is designated in state legislation as the State Early Childhood Advisory Council as defined in the Head Start Act. The Director of the Department of Human Services serves as a statutory board member, and the Child Care Services (CCS) Director serves as the Director's designee. A presentation on the reauthorization requirements of the CCDF was provided by Director, Lesli Blazer, at the OPSR Board Meeting on February 19, 2015. OPSR Board members and early childhood stakeholders are informed of child care services activities on an ongoing basis through board and workgroup meetings. In addition to the CCS Director serving on the OPSR Board, CCS staff participate on various workgroups that support the work of the board. OPSR Board Members were invited to participate in a program survey, attend the public hearing, and to review specific requirements. OPSR Board members are asked to review the State Plan draft document, and provide feedback. The OPSR board is undergoing restructuring in order to more effectively accomplish its legislative requirements. The newly formed workgroups include: state agency leaders; business, philanthropic, and community leaders; and early childhood professionals. OPSR board and workgroups meet periodically and share information on

State Plan funded programs and initiatives.

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

Yes,

No.

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

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

Describe, including which Tribe(s) you consulted with

The Oklahoma Tribal State Network meets quarterly. This group is made up of representatives from the Oklahoma Tribal Child Care Association (composed of the 39 federally recognized Indian Tribes who receive CCDF allocations) and representatives from Child Care Services, child care subsidy and the partner organizations that provide CCR&R services, professional development, contracted services and Smart Start Oklahoma (brand name for the Oklahoma Partnership for School Readiness state and local offices). The State Network meetings allow for members to be updated on tribal CCDF activities and activities of CCS such as licensing, quality initiatives and subsidy reimbursement programs. DHS contracts with Oklahoma Child Care Resource and Referral, who in turn, contracts with the Cherokee and Delaware Tribes as part of the state resource and referral network. DHS has cooperative licensing agreements with four tribes (Cherokee, Chickasaw, Choctaw, and Muscogee Creek). The cooperative agreement allows for coordination with the licensing units representing these four tribes for acceptance of agency monitoring reports. Tribal licensing specialists attend state sponsored training, and subsidy policy information is shared. A presentation on the reauthorization of the CCDF by CCS Director, Lesli Blazer, was given to the Oklahoma Tribal State Network/OK Tribal Child Care Association April 27, 2015 meeting. Members are kept informed and updated at quarterly meetings and have opportunities to provide input throughout development of the State Plan. Tribal participation in the Public Hearing and in the implementation of the CCDF reauthorization requirements was encouraged.

DHS shares results of the market rate survey with tribes that may utilize the results to formulate tribal CCDF plans.

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

State/Territory agency responsible for public education.

Describe:

The Lead Agency has a collaborative relationship with the Oklahoma State Department of Education; participating in committees with Early Childhood Education, Special Education, SoonerStart (early childhood intervention), Literacy, Learning Standards for Early Childhood Programs, and Out-of-School Time Programs. In addition there are collaborative agreements between local school districts with Head Start programs, Pre-K classes and child care. The CACFP program is managed by the Oklahoma State Department of Education. Child Care Services and the State Department of Education share a common commitment to serving families with high quality care and education for all children. The Early Learning Guidelines for 3-5 year old children; the Core Competencies for Early Childhood Practitioners and the Core Competencies for Out-of-School Time Practitioners are available for use in all education and care settings. There is a representative on the Department of Human Services Oklahoma Child Care Advisory Committee from the Department of Education. The departments related to Early Childhood Education at the State Department of Education received the draft State Plan document and were invited to share input. Departments were invited to share the draft with anyone else that should be included in the distribution/comments.

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:

Oklahoma State Department of Health, Oklahoma State Department of Mental Health, and SoonerStart through State Department of Education participate in strategic planning committees. OPSR (SAC) and Head Start Collaboration Director participate also in monthly partner meetings. A Task Force on Inclusion has worked together sharing a common commitment to serving families with high quality care and education for all children. *A Parent's Guide to Quality Inclusive Child Care* was published through the work of the Task Force and was distributed in early 2015. *A Provider's Guide to Quality Inclusive Child Care* was also published in 2015 and both are in English and in Spanish.

The departments related to Early Childhood Care and Education at the State Department of Health received the draft State Plan document and were invited to share input. Departments that received the draft will be Child Guidance, Childcare Warmline, SoonerStart, Child Abuse Prevention, Maternal and Child Health and Health Care Emergency Management. They were encouraged to share the draft with anyone else that should be included in the distribution/ comments.

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

Describe:

Oklahoma State Regents for Higher Education have a partnership with the lead agency to provide assistance for eligible child careteachers and directors to receive scholarships to complete coursework in the area of child development or early childhood education, as well as education that leads to national credentials (CDA & CCP). Certificates, Associate degrees and Bachelor degrees may be earned in Child Development at community colleges and selected universities in Oklahoma. Early Childhood Education and Child Development Instructors attended a presentation (September 17, 2015) on the CCDF reauthorization requirements, the impact of higher education on professional development for child care and early care professionals, and opportunities for collaboration and support of child care. Institution representatives were invited to provide input on the plan.

State/Territory agency responsible for child care licensing.

Describe:

The Lead Agency has responsibility for child care licensing and program administrators work together on state plan submission.

State/Territory office/director for Head Start State collaboration

Describe:

Oklahoma Head Start Collaboration Office works with Child Care Services through OPSR (SAC) and other working committees. The Director of the Head Start Collaboration office encouraged individuals in Head Start to complete the State Plan Parent and Provider Surveys and she participated in the State Plan Public Hearing. Grantees were given support and have been notified of policy changes that are now available to them regarding subsidy requirements. Each grantee was contacted by the lead agency and was present at a Smart Start meeting. Future meetings with the Collaboration Grantees and Head Start/Early Head Start will continue to meet regularly.

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

Describe:

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

Describe:

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

Describe:

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:

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

Describe:

McKinney-Vento State coordinators for Homeless Education.

Describe:

The state coordinator for the McKinney-Vento, Oklahoma State Department of Education and other agency representatives for Bilingual/Migrant Education were provided opportunity to participate in workgroups and review the State Plan. Input was encouraged on services to homeless children and families.

State/Territory agency responsible for public health.

Describe:

The Lead Agency sought input from representatives from the Oklahoma State Department of Health. Maternal and Child Health Service and Child Guidance Service were involved in crafting state Expulsion Policy to child care programs on dealing with

children's physical and mental health concerns.

State/Territory agency responsible for mental health.

Describe:

The Lead Agency presented CCDF reauthorization requirements to representatives from the Oklahoma State Department of Mental Health and Substance Abuse Services. Representatives were asked to assist with the development of an Expulsion Policy and services for child care consultation.

State/Territory agency responsible for child welfare.

Describe:

Child Welfare is located in the Lead Agency. Representatives of Child Welfare are invited to attend monthly child care coordination meetings within the agency. Division staff receive copies of the state plan and are invited to attend the Public Hearing and provide input into the State Plan

State/Territory liaison for military child care programs.

Describe:

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

Describe:

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

Describe:

The TANF program is housed in the Lead Agency. TANF program staff were consulted regarding child care for TANF work activities as this is funded through the child care subsidy program.

State/community agencies serving refugee or immigrant families.

Describe:

Child care resource and referral agencies.

Describe:

The Lead Agency contracts with the Oklahoma Child Care Resource and Referral(OCCRRA) to provide services throughout the state in the areas of parent, provider and community services. The CCR&R agency director attends monthly

partnership meeting where the CCDF reauthorization requirements are discussed and input is received. Subcontracted regional offices were invited to participate in a program survey, public hearing, and provide feedback on draft plan.

Provider groups or associations.

Describe:

Professional organizations, child care associations and provider groups participate in work committees with the Lead Agency. These organizations receive notification of the state plan, access to draft responses and were invited to provide feedback.

Worker organizations.

Describe:

Parent groups or organizations.

Describe:

Parents were involved in the development of the CCDF Plan by responding to the State Plan Parent Survey. To encourage parents to complete the State Plan Survey, letters, flyers and bookmark templates were created to distribute to parents notifying them of the survey location and the importance of providing feedback. The flyers and bookmark templates were mailed to child care providers, partner agencies and posted on DHS/Child Care Services website. The information was also distributed through email by CCS listserv and partner agencies such as the Child Care Resource and Referral Association. The draft of the State Plan and the Public Hearing date announcement was posted on the DHS/Child Care Services website so that the public was notified of the opportunity to provide testimony. The information regarding the State Plan and Hearing was provided to all partner agencies to post on agency websites.

Other.

Describe:

The Child Care Advisory Committee for Child Care Services meets quarterly and is the official review/advisory committee for CCS. Members serving on the Child Care Advisory Committee represent Child Care Centers, Family Child Care Homes, Residential and Child Placing Agencies, State Fire Marshal's Office, State Department of Education, State Department of Health, State Department of Mental Health, Career Technology Child Care Centers, Early Childhood Professional Organizations, Youth Shelters, School-age Programs, private citizens, Oklahoma State Bureau of Investigation, Oklahoma

Tribal Child Care Association, Office of Juvenile Affairs, Part-day Programs, Residential Treatment facilities, Head Start Association, and the Commission on Children and Youth. There is an agenda line item for open comments from attendees in the audience.

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: 04/13/2015

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

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

Notice of the public hearing was posted on the Lead Agency website, <http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>. The State Plan Draft Document was posted on this 508 compliant website. State Plan public hearing notices were mailed to child care providers, partner agencies, posted on DHS/Child Care Services website, sent to providers and agencies by email, and given to Child Care Resource & Referral for email and website distribution. Additional agencies and programs that distributed information regarding the hearing included the Oklahoma Scholars for Excellence in Child Care, State Department of Education, Special Education Services at the Department of Education, Department of Mental Health and Substance Abuse Services, State Department of Health, Child Care Inclusion Committee, the Child Care Advisory Committee, and Child Care Services staff.

c) Date(s) of public hearing(s): 01/12/2016

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 Oklahoma's state plan hearing site has been at the same location for the last several years, the Oklahoma History Center, located in Oklahoma City. This is a centralized site for access to all of Oklahoma's 77 counties. The hearing time was scheduled for early afternoon allowing for travel both to the hearing and to return back to local communities after the hearing.

e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) The draft of the CCDF plan was posted on the Lead Agency website. Drafts of the plan were also available to partner organizations, tribes, provider organizations, state agencies, and advisory council members. These organizations, agencies and councils forward information to state networks. The services provided in the plan were included in a parent and provider survey. Responses to the survey were analyzed and information is provided regarding the survey results at the State Plan Hearing prior to receiving comments.

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? The draft of the CCDF Plan is available on the Lead Agency website and the public is invited to provide written comments. The day of the state plan hearing, verbal responses were recorded. These responses and the written responses received were reviewed by Child Care Services staff and analyzed. The draft was then updated on the website and through email distribution to reflect appropriate input.

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:

The Lead Agency Child Care Advisory Committee and the State Advisory Council on Early Childhood Education were notified of the date of the public hearing and the survey information, both electronically and through in-person quarterly committee meetings. State plan and plan amendments were brought to the attention of the advisory committees quarterly.

Working with child care resource and referral agencies.

Describe:

State plan and plan amendments were brought to the attention of the Child Care Resource and Referral agencies at monthly partner meetings. The State Plan Draft and the Public Hearing announcement were given to CCR&R to post on their website at

www.oklahomachildcare.org.

Providing translation in other languages.

Describe:

The state plan survey was translated into Spanish for both Providers and for Parents and directions for the online survey link were in Spanish. The 2012 Census Bureau lists Spanish Speaking only individuals living in Oklahoma as 65,280 (2.03% of the population). The state plan and plan amendments are not translated into other languages. The announcement of the State Plan Hearing was posted in English and in Spanish. The hearing was conducted in English only.

Making available on the Lead Agency website.

List the website:

<http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>

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

Describe:

The CCDF Plan and Plan Amendment website information was posted on DHS Facebook page. Notifications were also posted on Child Care Services list serv.

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

Describe:

A wide variety of membership associations, partner agencies, community colleges, state colleges, CCR&R, listserv members, and other related organizations and agencies were notified of the state plan survey links and of the state plan hearing date.

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 Lead Agency coordinates with local school districts, Head Start, and child care facilities to increase accessibility and continuity of care by providing subsidized wrap around care to ensure children attending the program are guaranteed full-day services. The collaborations expand services and reduce barriers families might face related to cost, transportation, and availability. Full day funding may provide certified public teachers to increase program quality.

[REQUIRED IF APPLICABLE] Tribal early childhood programs.

Describe, including which Tribes coordinating with:

Lead Agency staff work cooperatively and meet regularly with the Oklahoma Tribal State Child Care Network to share information on licensing, quality initiatives and subsidy reimbursement programs. DHS contracts with tribal child care programs to expand accessibility and supply of state-subsidized child care. Tribal families may choose to receive state-subsidized child care even if the tribe has its own subsidy program. In addition, tribal families may receive state and tribal subsidy at the same time as long as services are not duplicated.

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:

Oklahoma State Department of Health, Oklahoma State Department of Mental Health, and SoonerStart through the Oklahoma State Department of Education participate in strategic planning committees supporting the importance of improving quality of care for young children and offering continuity of services. The Lead Agency, The State Advisory Council, and the Head Start Collaboration Director participate in monthly partner meetings.

A Task Force on Inclusion has worked together sharing a common commitment to serving families with high quality care and education for all children. *A Parent's Guide to Quality Inclusive Child Care* and *a Provider's Guide to Quality Inclusive Child Care* were published in English and in Spanish through the work of the Task Force and were distributed in early 2015. DHS streamlined the enhanced special needs rate approval process by removing several cumbersome steps which presented a barrier to accessibility. Providers contracted with DHS to receive subsidy payments may now initiate the process online, eliminating the need for families to contact their DHS caseworker to initiate the process. As a result of the change in procedure, the number of children receiving the special needs rate has nearly doubled.

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

Describe:

Meetings have been held with faith-based and community organizations that serve the homeless families, 211 agencies, the State Department of Education and the Head Start Collaboration office, to gather information and resources that are available to programs serving homeless children and families. The Lead Agency will work to expand the availability of child care to homeless families through contact with the Oklahoma Homeless Alliance. Eligibility determination staff are out stationed at several homeless shelters around the state to take applications and distribute informational materials regarding subsidized child care. In addition DHS contracts with a child care facility located at a homeless shelter so that parents participating in an alcohol/drug rehabilitation program have subsidized child care on site.

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

Describe:

Subsidized child care for children in foster care is considered protective or preventive and is available to qualified foster families with a zero copayment. Foster parents qualify for subsidy if they are working, in school or training, or meet an exception as determined by foster care program staff. In addition, foster children who attend an Early Head Start program are eligible for full day services regardless of whether the parent participates in a qualifying activity. These program policies provide support to foster families, expand accessibility to child care and provide continuity of care to vulnerable children.

State/Territory agency responsible for child care licensing.

Describe:

The Lead Agency is the agency responsible for licensing. Licensing staff work with Head Start/Early Head Start and early childhood care and education programs to determine obstacles and barriers to expansion of programs to improve accessibility and continuity of care.

State/Territory agency with Head Start State collaboration grant.

Describe:

The Lead Agency and the Head Start Collaboration Director work with Early Head Start/Child Care collaboration grantees to provide children with opportunities for wrap-around services.

State Advisory Council authorized by the Head Start Act.

Describe:

The Oklahoma Partnership for School Readiness (OPSR) Board, (State Advisory Council) convened an ad hoc committee to study the child care subsidy program and the impact subsidy policies have on participation. Many of the recommendations discussed have been

reflected in recent subsidy program policy changes. The OPSR Board oversee state and local early childhood system coordination efforts, and seeks to engage key state-level child serving organizations and local early childhood programs in strategies to improve coordination, access and quality. Smart Start Oklahoma, the brand name for the OPSR state office and community initiatives, has recently redirected local funding towards gathering input from families to better understand barriers faced in accessing services. That information is then used to inform system changes to improve access and availability of child care in their communities. Barriers that cannot be addressed at the community level are presented to the OPSR Board to be addressed at the state level. Smart Start Oklahoma is particularly interested in ensuring that children in vulnerable conditions are afforded quality early childhood experiences to increase school readiness. The Lead Agency will continue to look at initiatives to increase the accessibility and continuity of care.

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

Describe:

The Lead Agency partners with Early Head Start-Child Care Partnership (Early Head Start-CCP) grantees by layering funding so that children receiving subsidized child care can receive full day, full year services. Early Head Start-CCP grantees and the Lead Agency meet quarterly to report on progress and discuss any subsidy issues that need to be resolved.

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

Describe:

Child care resource and referral agencies.

Describe:

The Lead Agency works with child care resource and referral agencies to provide assistance to community organizations and businesses interested in expanding the availability of child care.

State/Territory agency responsible for public education.

Describe:

The Lead Agency works with the Oklahoma State Department of Education (SDE) Special Education Department and Early Childhood Department to provide resources and

information regarding child care, such as the *Parent's Guide to Inclusive Child Care* and the *Provider's Guide to Inclusive Child Care* are available in English and Spanish, *Oklahoma's Core Competencies for Early Childhood Practitioners*, *Oklahoma's Core Competencies for Out-of-School Time Programs*, *Early Learning Guidelines for Infants, Toddlers, Twos and Early Learning Guidelines for 3-5 year olds*. Child Care Services and SDE collaborate on ways to improve access to quality early childhood care and education. As changes are made to curriculum objectives in early childhood education through SDE, the *Early Learning Guidelines* will be updated to reflect those changes and to coordinate expectations for pre-K standards.

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

Describe:

The Lead Agency contracts with the Oklahoma State Regents for Higher Education to provide a scholarship program to increase accessibility of professional development, certificates and degrees in child development. Providing education supports leads to improving the quality of child care programs.

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

Describe:

The Lead Agency coordinates with the State Department of Education to ensure facilities with subsidy contracts have access to CACFP so that balanced and nutritious meals are available to children who attend the facility. This coordination allows programs to expand accessibility to quality.

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

Describe:

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

Describe:

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

Describe:

The Lead Agency supports Home Visitation programs as they provide for smoother transitions for children between home, child care programs and/or school. They also provide

comprehensive services to children in child care settings.

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

Describe:

The Lead Agency coordinates with the Oklahoma Health Care Authority (Medicaid Agency) to ensure EPSDT referrals are completed for children who are approved for Medicaid through the Lead Agency. Eligibility determination staff explain the importance of the EPSDT program to parents to expand accessibility to developmental screenings.

- State/Territory agency responsible for public health.

Describe:

Oklahoma State Department of Health offers the services of immunization field consultants to assist DHS Licensing Specialists in monitoring compliance with state immunization requirements. This coordination assists with improving the quality of care for children.

- State/Territory agency responsible for mental health.

Describe:

Lead Agency has representation on the Child Care Mental Health Consultant Advisory Committee and on the Children's State Advisory Workgroup. The State Department of Health collaborates with the Oklahoma State Department of Mental Health and Substance Abuse Services and offers services to child care providers, including behavioral and social/emotional support for young children and their caregivers. The Lead Agency collaborated with the Advisory Committee on the content of the expulsion policy and will work together on the Resource Guide to supplement the expulsion policy.

- State/Territory agency responsible for child welfare.

Describe:

The Lead Agency is responsible for the child welfare program. Subsidized child care is available for children in protective custody. Child Care policies allow foster parents to receive child care for work, school, training, or for exceptions as determined by foster care program staff. In addition, intact families who are on a safety plan can receive child care for protective or preventive reasons if the parent doesn't otherwise participate in a qualifying activity (work, school, or training). These policies encourage expanded accessibility and continuity of care for vulnerable children.

State/Territory liaison for military child care programs.

Describe:

The Lead Agency contracts with military child care programs that participate in the Quality Rating Improvement System (QRIS) therefore expanding the availability of quality programs. QRIS staff serve as liaisons to military programs and complete an annual program review to ensure compliance with QRIS standards.

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

Describe:

The Lead Agency will work with Workforce Innovation Opportunity Act partners to place kiosks in one stop centers around the state so that parents utilizing employment and workforce development services can apply for subsidized child care online. This will allow for greater accessibility to child care.

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

Describe:

The Lead Agency administers the TANF program. TANF recipients participating in a TANF work activity are eligible to receive subsidized child care. Transfer of TANF dollars to the subsidy program allows increased accessibility to child care, continuity of care, and potential for full day services.

State/Territory community agencies serving refugee or immigrant families

Describe:

Provider groups or associations.

Describe:

The Lead Agency meets periodically with child care associations and provider groups regarding concerns of the child care industry. The organizations will work to enhance and align quality of services, and increase the supply of quality care for vulnerable populations when funding is available.

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"

Due to revenue failure the Lead Agency will freeze enrollment for the subsidy program effective June 1, 2016. Existing child care recipients will continue to receive care. Exceptions include children approved through Child Welfare Services, children adopted through DHS who meet policy requirements, children in trial reunification, and TANF recipients participating in an approved work activity. The combined funds assure that eligible families that apply are served. Combining funds allow the DHS to provide a higher rate of reimbursement based on the Quality Rating Improvement System Star level. Fund usage is guided by specific policy requirements so as not to receive funds from two sources for the same service.

Which funds will you combine

DHS administers the following revenue streams to fund the TANF/CCDF Plan: CCDF Federal Grants, TANF Direct, TANF Transfer to CCDF, Title XX, State MOE, State Matching and State Appropriations.

Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations

The combined funds assure that all eligible families that apply are served. This assures that access to child care is not a barrier to clients seeking work or participating in work related activities. Also, DHS administers Title IV B of the Social Security Act, Child Support and other child welfare programs to assist with providing seamless consistent child care programs in Oklahoma. Programs on the local level may use funds to provide comprehensive services. The Local Education Authority (LEA) provides a certified teacher and licensed child care centers provide space. The LEA is encouraged to collaborate with licensed centers to provide services that best meet the needs of children in the community. School districts involved in collaboration agreements are strongly encouraged to provide full-day services to meet the needs of working parents, but

districts and families still have the option of just attending the pre-k program with no tuition costs. Head Start and Early Head Start programs that provide wrap-around care may contract with DHS for child care subsidy.

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

Funds are allocated at the program level and follow specific guidelines for usage.

How are the funds tracked and method of oversight

The funds are budgeted through the DHS Finance Division with accountability and oversight through the agency TANF/CCDF Plan. Funding is allocated according to the requirements of the State Plan.

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 Oklahoma Partnership for School Readiness Act was passed in April 2003 during the 49th legislative session. The legislation created Oklahoma's first public-private early childhood partnership and formed two entities, the Oklahoma Partnership for School Readiness and its

supporting foundation, the Oklahoma Partnership for School Readiness Board and the Oklahoma Partnership for School Readiness Foundation, an entity established to accept funding for early childhood initiatives. The OPSR board branded school readiness effort Smart Start Oklahoma. The Oklahoma Partnership for School Readiness (OPSR) was designated in state legislation in 2010 as the State Early Childhood Advisory Council as defined in the Head Start Act. The Director of the Department of Human Services serves as a statutory board member, and the Child Care Services (CCS) Director serves as the Director's designee. The partnership combines state funds, federal grants and private funds to support early childhood system coordination. In addition to the state level efforts, Smart Start Oklahoma has a presence in 15 local communities to improve school readiness. The OPSR Board has established the following objective for locally funded projects: In order to ensure that children in Oklahoma are safe, healthy, eager to learn, and ready to succeed by the time they enter school, a response is being solicited from organizations to facilitate community-based improvements in each of the following system outcomes: services and supports are available, accessible, and reaching families with young children; are aligned and coordinated; are of high quality; and are responsive to the changing needs of children and families. Through state level board and workgroup meetings and through local action coordination teams, leveraging of existing service delivery systems for child care and development services will occur to facilitate increasing the supply and quality of child care services. As outlined at Section 1.4 the Lead Agency coordinates a significant portion of its work with other state agencies, county and local authorities along with Smart Start Oklahoma and Smart Start communities.

The Lead Agency supports Head Start and Pre-K collaborations by providing wraparound care to increase accessibility to full day care for children receiving subsidy. In addition, the Lead Agency supports Early Head Start-Child Care Partnerships (EHS-CCP) by providing the base layer of funding so that full-day, full year participation in the program is possible for families receiving subsidized child care.

The Lead Agency partners with the Oklahoma State Department of Health, Maternal and Child Health Service, as part of their Early Childhood Comprehensive Systems Project to revise and distribute the *Good Health Handbook* to licensed child care providers and families. The handbook serves as a health, wellness and safety resource to providers and allows child care programs to have concise, easy to read information that they can share with parents and use to improve health and safety of their programs.

The Lead Agency partners with the Oklahoma Safe Kids Coalition to provide child passenger safety trainings. Center-based programs transporting children under six years of age are required to have one staff attend the training to help ensure children are transported safely. The specialized training results in consistent safety practices.

The Lead Agency supports the Oklahoma Early Childhood Comprehensive Systems (ECCS) Project. ECCS works collaboratively with OPSR (SAC), Child Guidance Service, and the Center for Early Childhood Professional Development Collaborative (PDC). The PDC workgroup works

with the ECCS Coordinator on: expanding the online early childhood professional development registry to include early intervention specialists, home visitors, child development specialists, and mental health consultants. In addition, training that supports specific "Caring for Our Children" Performance Standards are being developed, and the workgroup is collaborating with the Oklahoma Association of Infant Mental Health (OK-AIMH) to incorporate the OK-AIMH endorsement into the professional development registry.

The Lead Agency supports the Oklahoma Early Childhood Program (OECF), the public/private partnership with the Oklahoma State Department of Education program, community action agencies, Educare, Early Head Start, technology center, tribal child care, family foundations, United Way and other community nonprofit organizations. The Tulsa Community Action Project manages the program. The OECF was created in 2006 to improve the quality of early education and expand capacity to serve children from birth through age three. FY 2015 served approximately 2,500 children in 185 classrooms at 16 locations. Program requirements include working toward NAEYC accreditation, increased educational requirements and professional development for staff, family support specialist training, family engagement, and utilization of curriculum and assessments.

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

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

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

- based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

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

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

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

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

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

The Lead Agency includes parent services, provider services & community services in the Request for Proposal (RFP). The 2015 RFP for Statewide CCR&R services was awarded to Oklahoma Child Care Resource and Referral (OCCRRA). OCCRRA, in turn, subcontracts with regional CCR&R service across all 77 Oklahoma Counties. Each region and the state office network agree to provide services to parents, providers, communities, and to concentrate their training and technical assistance work with new child care providers and providers including those at the 1 star level. The goal is to increase the quality of care and to move providers to higher star levels in Oklahoma's QRIS program. All of the CCR&Rs collect data that is used to inform Child Care Services and other partners of the use of services and other statistics related to child care.

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

1.8 Disaster Preparedness and Response Plan

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

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

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

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

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

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

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

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

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

[Oklahoma Child Care Services Emergency Preparedness and Response Plan](#)
<http://www.okdhs.org/services/cc/Pages/OCCEmergencyPreparednessPlan.aspx> has been developed and is available upon request. *A Guide for Planning, Response and*

Recovery will be distributed to child care programs and partner agencies by May of 2016. The Guide includes: Creating a Plan for Child Care Services, Coordination with Key Partners and Emergency Management Agencies; Plan for Continuation of Subsidized Child Care; Licensing Regulations and Policies for Emergency Planning and Response; Training and Technical Assistance Supports for Child Care Providers: Response and Responding to Trauma; Recovery and Rebuilding; and Resources. Child care programs 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.

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

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

Family Child Care Home Requirements include only broad interpretation of evacuation and shelter-in-place. Requirements do not address relocation, lock-down, communication and reunification with families, continuity of operations, and procedures addressing needs of infants and toddlers, children with disabilities and chronic medical conditions. Requirements for Family Child Care Homes do not contain requirements for staff and volunteer emergency preparedness training and drills for emergencies other than fire and tornado. Requirements for Child Care Centers also does not include emergency preparedness training for volunteers and does not include drills other than fire and tornado.

Proposed rule language will be submitted to DHS Office of Governmental Relations and Policy (OIRP). Rules will then be submitted to the Governor for emergency rule approval request for 9/30/16 and then resubmitted in 2017 Legislative Session for permanent rulemaking approval.

Projected start date for each activity: [04/01/2016](#)

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

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

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

[N/A](#)

[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?)

[Due to revenue failure, the Lead Agency will freeze enrollment for the subsidy program effective June 1, 2016. Child Care subsidy is available to income and program eligible families across the state. Existing child care recipients will continue to receive care.](#)

[Exceptions include children approved through Child Welfare Services, children adopted](#)

through DHS who meet policy requirements, children in trial reunification, and TANF recipients participating in an approved work activity. As funding is available child care subsidy will be available to all income and program eligible families across the state. The Lead Agency utilizes Oklahoma School Readiness Reach-By-Risk Report 2015 to identify areas of high risk and low reach for early childhood programs and services. CCR&R conducts regional supply and demand studies.

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.

Child Care Resource and Referral, Smart Start Communities, school-based social workers, DHS Community Engagement Unit, Homeless Coalition, child care providers, medical clinics for low income families, Homeless Alliance, 211, and other community partners help with outreach.

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

The Lead Agency maintains a public website at <http://www.okdhs.org/Pages/default.aspx> which includes general information about subsidized child care, where and how to apply for services, and frequently asked questions. Local DHS offices provide outreach to their communities through public engagement campaigns and other locations in the community. The Lead Agency also uses social media to provide information about assistance programs to the public.

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

Electronically via online application, mobile app or email.

Provide link www.okdhs.org/programsandservices/cc/asst/default.htm/forms

In-person interview or orientation.

Describe agencies where these may occur:

All interviews may be conducted over the telephone or in person in the County offices or at community locations where eligibility staff are out-stationed.

Phone

Mail

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

Describe:

Kiosks are located in the lobby of DHS county offices so parents can apply for child care subsidy or complete redeterminations online.

- 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:

The Lead Agency utilizes a comprehensive benefits application so that families can apply for multiple benefits at one time: Child Care, TANF, SNAP and Medicaid.

- Other strategies.

Describe:

An authorized representative, designated by the applicant, may complete, submit and be interviewed for the applicant.

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) [WIC, IDEA will need to be added to the Child Care Services website after it is redesigned to include required information. The consumer education information workgroup will meet and make recommendations on additional information to be posted.](#)

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

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

[This process has begun, but is unmet at this time. There are information/website links that will need to be added to the Lead Agency website in addition to what is now available.](#)

Unmet requirement - Identify the requirement(s) to be implemented [Quality of child care providers \(if available\)](#)

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.)

This process has begun, but is unmet at this time. There are information/website links that will need to be added to the Lead Agency website in addition to what is now available.

Projected start date for each activity: 08/26/2015

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

Agency - Who is responsible for complete implementation of this activity The Lead Agency is responsible.

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

The Lead Agency contracts with Oklahoma Child Care Resource and Referral Association to provide consumer education. Child Care Resource and Referral will include additional resources on website by 9/30/16.

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.)

To include research and best practices in child development, the consumer education information workgroup will meet and submit recommendations to the website administrator for posting. Child Care Services website will be redesigned to include the required information.

Projected start date for each activity: 08/03/2015

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

Agency - Who is responsible for complete implementation of this activity The Lead Agency is responsible.

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

Child Care Resource and Referral will identify additional resources and links for their website.

Unmet requirement - Identify the requirement(s) to be implemented State/Territory

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

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

An expulsion policy is posted on the website at <http://www.okdhs.org/services/cc/Pages/OklahomaExpulsionPreventionPolicy.aspx>.

Training and positive behavior support and intervention, social/emotional behavioral support can be found on www.cccpd.org. The requirement for an expulsion policy will be added to Family Child Care Home and Child Care Center Program Requirements.

Projected start date for each activity: 08/26/2015

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

Agency - Who is responsible for complete implementation of this activity The Lead Agency will be responsible for completing the activity.

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

N/A for implementation of the task. The Inclusive Child Care Committee will assist in developing a resource guide to offer assistance prior to the point at which a decision might be made to expel a child.

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

a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public The Lead Agency posts information about available programs on the ADA compliant agency website. Links are provided to Oklahoma State Department of Education website referencing Pre-K and Head Start. A Parent's Guide to Selecting Quality Child Care is available in

English and Spanish. A video is also available on resources for parents. Flyers and booklets are distributed at CCR&R offices and DHS county offices. Printed materials go through a process to ensure they are easily readable for the intended audience including persons with disabilities. Information is provided to child care applicants by staff in the local county DHS office during the eligibility interview. CCR&R and Hispanic Services through CCR&R share information with families in English and Spanish; translation service and bilingual caseworkers also provide information about the diversity of child care services available in the community. *A Parent's Guide to Inclusive Child Care* and *A Provider's Guide to Inclusive Child Care* have been developed and are in English and in Spanish.

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

The Lead Agency posts information on the website regarding QRIS, subsidy, and has posted booklets, brochures and videos on selecting quality child care. An online search for child care programs and monitoring reports is also on the Lead Agency website. Parents and general public can also review licensed program monitoring reports in the county office. Eligibility staff in the local county offices provides information on child care choices by direct communication during the eligibility interview. Booklets and brochures on QRIS and subsidy are distributed by CCR&R, child care subsidy unit and the licensing division. Additional flyers, posters, publications and brochures regarding licensed programs are distributed by CCR&R and Child Care Services.

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

Lead Agency partners with CCR&R, Department of Education, Head Start Collaboration office and Smart Start Oklahoma communities to provide information about the full diversity of child care choices available. Smart Start Oklahoma communities are in the process of establishing parent coalitions that will assist with providing input into how parents are most likely to access information and what information gaps may exist in the system.

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

Information on child care quality rating and improvement system is available on the DHS website, in publications for parents, and through personal or phone contact with CCR&R, subsidy eligibility staff and child care licensing. Publications including quality criteria for family child care homes and child care centers are also available. The CCR&R parent referral call center and regional CCR&R offices provide consumer information about Reaching for the Stars (Quality Rating Improvement System). The CCR&R website and the DHS website both provide searchable databases for child care. The programs participating in QRIS are indicated in the database. The search engine lists higher star levels first to encourage choosing quality. Information about quality care is provided to applicants for subsidy by staff in the local county DHS office during the eligibility interview.

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

Publications *Look for the Stars When Choosing Child Care* and *Paying for Child Care Just got Easier* assist parents with information regarding quality child care. There are online versions available and the booklets can be provided to parents by subsidy program eligibility staff or CCR&R during or following a referral call or in person visit. The Reaching for the Stars Child Care Home and Child Care Center program brochures include the quality criteria for each of the Star levels. This information assists parents with what to look for in programs as they are selecting care. *A Parent's Guide to Selecting Quality Child Care* and *Parent's Guide to Inclusive Child Care* provide assistance and can be referenced during referral visits or calls. Both are in English and Spanish. Information about quality care is provided to applicants for subsidy by staff in the local county DHS office during the eligibility interview.

c) Describe who you partner with to make information about child care quality available
The Lead agency partners with CCR&R to provide assistance about quality child care availability.

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 same application is utilized to apply for TANF as parents use to apply for child care. Eligibility staff identify when an applicant is potentially eligible for other programs and processes those benefits in addition to child care.

b) Head Start and Early Head Start Programs

Parents will be able to use the Lead Agency website to locate information on early care and education programs.

c) Low Income Home Energy Assistance Program (LIHEAP)

Parents may use the Lead Agency website to locate information on how to apply for benefits and other resources.

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

Parents utilize the same application to apply for SNAP as they use to apply for child care. Front line staff identify when an applicant is potentially eligible for other programs and processes those benefits in addition to child care. In addition, www.okdhslive.org contains a screening tool for SNAP eligibility.

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

Parents will be able to use the Lead Agency website to locate information on WIC. A link will connect with the Oklahoma State Department of Health's website.

http://www.ok.gov/health/Child_and_Family_Health/WIC/The_WIC_Program's_Purpose/index.html

f) Child and Adult Care Food Program(CACFP)

Parents are able to find out information on program from link to OK State Department of Education, the agency that administers the program. CCR&R and licensing staff provide information about CACFP to licensed homes and centers.

<https://cnp.sde.ok.gov/CACFP/WelcomeSNPM.aspx>

g) Medicaid

Parents utilize the same application to apply for Medicaid as they use to apply for child care. Eligibility staff identify when an applicant is potentially eligible for other programs and

processes those benefits in addition to child care. Parents may also apply for Medicaid at www.mysoonercare.org.

h) Children's Health Insurance Program (CHIP)

Parents will be able to use the Lead Agency website to locate information on children's health insurance. Parents may apply for Sooner Care on the Oklahoma Health Care Authority website <http://www.insurekidsnow.gov/state/Oklahoma/>

i) Individuals with Disabilities Education Act (IDEA)

Parents will be able to use the Parents will be able to use the Lead Agency website to locate information on Early Intervention supports and services provided through the IDEA administered by the Oklahoma State Department of Education

<http://www.ok.gov/sde/special-education> and the Oklahoma State Health Department.

https://www.ok.gov/health/Child_and_Family_Health/SoonerStart/

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

Parents will be able to use the Lead Agency website to locate information on the state funded pre-kindergarten. <http://sde.ok.gov/sde/early-childhood-and-family-education>

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

Parents will be able to use the Lead Agency website to locate information on Maternal and Child Health Programs.

http://www.ok.gov/health/Child_and_Family_Health/Maternal_and_Child_Health_Service/

and local health department initiatives

https://www.ok.gov/triton/modules/health/map/county_map.php and home visitation services,

https://www.ok.gov/health/Child_and_Family_Health/Family_Support_and_Prevention_Service/MIECHV_Program_-_Federal_Home_Visiting_Grant/index.html and Smart Start

Oklahoma, www.smartstartok.org.

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)

Providers may use the Lead Agency website to locate information on how to apply for benefits and other resources to assist families.

b) Head Start and Early Head Start Programs

Providers will be able to use the Lead Agency website to locate information on early care and education programs to assist families.

c) Low Income Home Energy Assistance Program (LIHEAP)

Providers may use the Lead Agency website to locate information on how to apply for benefits and other resources to assist families.

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

Providers may use the Lead Agency website to locate information on how to apply for benefits and other resources to assist families.

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

Providers will be able to use the Lead Agency website to locate information on WIC. A link will connect with the Oklahoma State Department of Health's website to assist families.

f) Child and Adult Care Food Program(CACFP)

Providers are able to find out information on program from link to Oklahoma State Department of Education, the agency that administers the program. CCR&R and licensing provide information about CACFP to licensed homes and centers.

g) Medicaid

Providers may use the Lead Agency website to locate information on how to apply for benefits and other resources to assist families.

h) Children's Health Insurance Program (CHIP)

Providers will be able to use the Lead Agency website to locate information on children's health insurance to assist families. Parents may apply for Sooner Care on the Oklahoma Health Care Authority website

i) Individuals with Disabilities Education Act (IDEA)

Providers will be able to use the Lead Agency website to locate information on children's health insurance to assist families. Parents may apply for Sooner Care on the Oklahoma Health Care Authority website to assist families.

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

Providers will be able to use the Lead Agency website to locate information on the state funded pre-kindergarten to assist families. <http://sde.ok.gov/sde/early-childhood-and-family-education> .

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

Providers will be able to use the Lead Agency website to locate information on Maternal and Child Health Programs.

http://www.ok.gov/health/Child_and_Family_Health/Maternal_and_Child_Health_Service/ and local health department initiatives

https://www.ok.gov/triton/modules/health/map/county_map.php and home visitation services,

https://www.ok.gov/health/Child_and_Family_Health/Family_Support_and_Prevention_Service/MIECHV_Program_-_Federal_Home_Visiting_Grant/index.html and Smart Start Oklahoma, www.smartstartok.org.

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 Lead Agency will redesign the Child Care Services website that will have links and/or materials on child development research and best practices, stages of child development, transitioning, activities, etc. that are promoted and available to parents/child care providers.

For additional information parents and providers may contact:

- Child Care Services at <http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>
- Oklahoma Child Care Resource and Referral at www.oklahomachildcare.org
- Center for Early Childhood Professional Development at www.cecpd.org

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

The Lead Agency provides publications, materials and comprehensive information on the public website. Direct communication through the licensing staff, QRIS staff and training staff

facilitate sharing of these materials.

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

The Lead Agency partners with Child Care Resource and Referral, the Center for Early Childhood Professional Development, Head Start/Early Head Start, Oklahoma State Department of Health, Oklahoma State Department of Mental Health and Substance Abuse Services, Oklahoma State Department of Education, the OPSR Board, Smart Start Oklahoma communities and other organizations and agencies.

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

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

i. Parents

The Prevention of Expulsion Policy is available on the Lead Agency website <http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>. Information on social-emotional behavior and early childhood mental health can be located on the Oklahoma State Department of Health website and specifically on the Warmline website, https://www.ok.gov/health/Child_and_Family_Health/Child_Guidance_Service/Child_Care_Warmline/

ii. Providers

The Prevention and Expulsion Policy is available on the Lead Agency website <http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx> and a written copy will be distributed to child care providers. Information on social-emotional behavior and early childhood mental health consultation can be located on the Warmline website. Information on Mental Health Consultation (MHC) program is provided through

brochures, website, posters and training. MHC services are provided at the request of the child care program to assist the program with meeting individual children's needs when they exhibit challenging behaviors. <https://okregistry.org/> lists community based training that is provided on behavioral interventions and support models.

iii. General public

The Prevention of Expulsion Policy is available on the Lead Agency website <http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>. Information on social-emotional behavior and early childhood mental health can be located on the Oklahoma State Department of Health website and specifically on the Warmline website.

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

The Lead Agency partners with Oklahoma State Department of Health, Warmline, Oklahoma State Department of Mental Health and Substance Abuse Services, and the Oklahoma Association of Infant Mental Health. <http://www.okaimh.org/index.html>

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

The Prevention of Expulsion Policy will be available on the Lead Agency website. <http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>. A written copy will be provided to child care providers.

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

The Prevention of Expulsion Policy is available on the Lead Agency website. <http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>. A written copy will be provided to child care providers.

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) [Substantially implemented](#)

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

[As part of the application process, eligibility staff discuss developmental screenings with applicants and refer to the state's Medicaid Agency \(Oklahoma Health Care Authority\) for EPSDT, and the State Department of Education for information on SoonerStart, the state's IDEA program.](#)

Unmet requirement - Identify the requirement(s) to be implemented [\(2\) 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.](#)

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

[The State has not established procedures to provide information to families and child care providers on how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings.](#)

Projected start date for each activity: [02/16/2016](#)

Projected end date for each activity: [09/01/2016](#)

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

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

[The Lead Agency will work with the Health Care Authority, State Department of Health and Department of Education to locate service and develop informational flyers/brochures on screenings.](#)

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

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

A substantiated finding is made when a weighting of the information obtained during the investigation clearly indicates the facility violated any licensing requirement or in the Licensing Act. The Lead Agency does not separate out parental complaints.

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)

DHS is subject to the Oklahoma Open Records Act, 51 O.S. SS 51 O.S SS 24. 1 et. Seq, which mandates that public records are open for public inspection unless they are required by law to be kept confidential. All DHS records of facilities required to be licensed under 10 O.S. SS 401-410 are considered public records and are open and available for public inspection during reasonable hours. The child care facility is required to post the Child Welfare Investigative Summary with findings of Substantiated for 120 days from the completion of the investigation and waivers for personnel who have specifically defined criminal histories for as long as they are employed at the facility. The child care facility is required to maintain an accessible file for monitoring reports; notices to comply, licensing complaints and unconfirmed Child Welfare Investigative Summaries for one year. Information obtained concerning a report of a violation of a licensing requirement is confidential pursuant to 10 O.S. SS 406 with the exception of a summary of allegations and findings of an investigation involving a child care facility that does not disclose identities but that permits parents to evaluate the facility.

Records are maintained at least 5 years after closure in paper format. They are currently online for a year but available by coming into the office for up to 5 years after closure.

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

Substantiated complaint findings are on the website and available in the licensing office. Public viewing may be scheduled in the county DHS office or a summary may be requested and mailed or faxed to an individual. Public viewing of monitoring report summaries is available at <http://204.87.68.21/childcarefind/>.

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

The Lead Agency does not differentiate a complaint that is received from a parent from a complaint that is received from another person.

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

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

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- Website in non-English languages
- Lead Agency accepts applications at local community-based locations
- Bilingual caseworkers or translators available
- Bilingual outreach workers
- Partnerships with community-based organizations
- Other

Child Care Resource & Referral has Hispanic services available for child care families and can assist with translating between families and child care providers. A Hispanic Child Care Conference is held annually. CCR&R's website has information available in Spanish. The website can be found at <http://www.oklahomachildcare.org/>.

None

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

Spanish; Written materials are offered in Spanish; Oklahoma's predominant non-English

language is Spanish. The 2012 Census Bureau lists Spanish Speaking only individuals living in Oklahoma as 65,280 (2.03% of the population).

Other languages are available as requested through the translation service. Translators & translation phone services are available for numerous languages.

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

The Lead Agency posts information about available programs on the ADA compliant agency website. A video is available as a resource. Printed materials go through a process to ensure they are easily readable for the intended audience including persons with disabilities. Information is provided to child care applicants by staff in the local county DHS office during the eligibility interview. CCR&R and Hispanic Services through CCR&R share information with families in English and Spanish that would accommodate most disabilities; translation service and bilingual caseworkers can also provide information about the diversity of child care services available in the community.

2.3 Website for Consumer Education

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

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

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

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

Provide the link to the website:

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

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

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

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

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

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

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

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

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

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

[The Lead Agency website includes a searchable database of child care providers. A link is available to each licensed program that includes monitoring reports \(last date of monitoring, and a history of non-compliances\). The database allows a search by location, type, age-group, and Star level. Links are available to licensing requirements for family child care home programs and center-based programs. A publication available online, "Understanding the Licensing Process", outlines the processes for licensing child care programs and includes rights and responsibilities. The publication, "A Guide on Background Investigations" is available to assist providers with completing required investigations.](#)

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

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

[The Lead Agency is working with software developers to be able to post annual aggregate information about the number of deaths, serious injuries and number of incidences of substantiated child abuse in child care settings.](#)

Projected start date for each activity: [02/01/2016](#)

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

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

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

[N/A](#)

3 Provide Stable Child Care Financial Assistance to Families

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

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

3.1 Eligible Children and Families

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

3.1.1 Eligibility Criteria Based upon Child's Age

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

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



Yes, and the upper age is **through 18** (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity: **A child with disabilities is defined as a child receiving supplemental security income (SSI), SoonerStart Early Intervention Services, or special education services provided in accordance with an IEP by the local school district. This definition includes a child who meets the medical definition of disability as determined by the Social Security Administration but does not meet the financial criteria to receive SSI benefits.**



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 **through 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 -

The natural or adoptive parent(s) of the children living in the home and for whom child care is needed; the caretaker(s) of the minor child(ren) who needs care whether or not that caretaker is legally and financially responsible for the child(ren); all minor children in the home for whom the payee is financially responsible; the step-parent of the minor child(ren) who is living in the home and for whom care is needed; any adult non-relative opposite sex

individual (ANROSI) acting in the role of a spouse and living in the home with the natural or adoptive parent; any children of the ANROSI living in the home with the natural or adoptive parent.

b) in loco parentis -

A person acting in the place of a parent without going through legal proceedings. He or she is expected to pursue child support from the natural or adoptive parents of the child(ren).

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, including self-employment, is defined as wages earned for work performed if the adult is part of the household for income purposes. Travel time to and from employment is included in the definition of working. There is no minimum number of hours required for eligibility; however, the parent must make at least minimum wage for the number of hours he or she works. Job search meets the definition of employment when a recipient who has received child care benefits for at least 30 days loses employment or stops attending a formal education or training program and requests child care assistance to look for a job. Child care for job search may be approved for a maximum of 90 calendar days from the date the client loses employment or stops attending a formal education or training program. Sleep time also meets the definition of employment when the client works nights and has an alternative care provider during work hours and needs child care to sleep during the day.

* attending job training

A training program is defined as a course of study that when completed qualifies a person to meet requirements for a job the client could not have obtained without the certificate of completion, accreditation, or licensure. In order for a training program to meet the definition, the program must qualify for federal financial aid from the United States Department of Education or other federal or state education funds. Child care is limited to time the client participates in actual classroom attendance including travel time, as well as any activities required to complete a course or maintain a scholarship. For a

TANF recipient, any activity that is approved on their TANF Work plan is allowed.

* attending education

An education program may include: 1) high school, 2) GED, literacy, or adult basic education classes, 3) English as a second language classes, or 4) a formal education program which is defined as a course of study that leads to the attainment of an associate or bachelor's degree. In order for an education program to meet the definition, the program must qualify for federal financial aid from the United States Department of Education or other federal or state education funds. Child care is limited to time the client participates in actual classroom attendance including travel time, as well as any activities required to complete a course or maintain a scholarship. For a TANF recipient, any activity that is approved on their TANF Work plan is allowed.

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

Yes.

No.

If no, describe additional requirements

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

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

1) Definition of protective services -

Protective or preventive child care services are used as an early intervention strategy in certain critical situations to help in preventing neglect, abuse, or exploitation. Child care can be approved in these situations to help stabilize the family situation or to enhance family functioning. Children in state Child Welfare custody, including those in foster care, may be considered in protective services. Children in tribal custody or in the custody of another state (ICPC) who receive state CCDF funds are not considered categorically eligible for protective care, and the foster parent must be working or involved in an education or training activity

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

Yes.

No.

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

No.

3.1.4 Eligibility Criteria Based on Family Income

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

* Definition of income -

Earned income means total money earned by a person through the receipt of wages, salary, commission, or profit from activities in which the person is engaged as self-employed or as an employee. Unearned income is income a person receives for which the person does not put forth any daily, physical labor. For eligibility determination, the Lead Agency uses adjusted monthly income, which is defined as gross earned plus unearned income, minus legally-binding child support paid, rounded to the nearest dollar.

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	\$2,684	\$2,282	N/A	N/A	N/A	N/A
2	\$3,510	\$2,984	\$2,425	69%	\$2,425	69%
3	\$4,336	\$3,686	\$2,925	67%	\$2,925	67%
4	\$5,162	\$4,388	\$3,625	70%	\$3,625	70%
5	\$5,988	\$5,090	\$3,625	61%	\$3,625	61%

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

c) SMI Source and year [Federal Register FFY 13](#)

d) These eligibility limits in column (c) became or will become effective on: [July 2007 and have remained effective since.](#)

e) Provide the link to the income eligibility limits

<http://infonet.okdhdmz.nml:82/OKDHS%20Forms%20Library/C-4.pdf#search=c%2D4>

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) [09/30/2017](#)

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) [Other](#)

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

[Graduated phase-out of assistance is in process; research is being completed on what it would take to implement this in Oklahoma. Initially, the Lead Agency moved forward with a plan to allow a three month phase out of care; however, when the NPRM was released with specific guidelines, this plan was re-evaluated. Due to funding cuts and staff reductions, the Lead Agency has requested a waiver/extension for this provision. In addition, the state has a severe shortage of programmers to the current antiquated system, which has caused a backlog of needed changes for all assistance programs. The Lead Agency feels that moving forward with the original three month phase out would be a duplication of effort if the final federal rules differ, thus the waiver/extension request.](#)

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.)

Rule and systems changes will need to be implemented to meet this requirement. The rule change discussion began in 2015 and systems changes began in 2016. Initially, the Lead Agency moved forward with a plan to allow a three month phase out of care; however, when the NPRM was released with specific guidelines, this plan was re-evaluated. Due to funding cuts and staff reductions, the Lead Agency has requested a waiver/extension for this provision. In addition, the state has a severe shortage of programmers to the current antiquated system, which has caused a backlog of needed changes for all assistance programs. The Lead Agency feels that moving forward with the original three month phase out would be a duplication of effort if the final federal rules differ, thus the waiver/extension request.

Projected start date for each activity: 10/01/2015

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

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

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

N/A

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.)

Rule and systems changes will need to be implemented to meet this requirement. The rule change discussion began in 2015 and systems changes began in 2016. Initially, the Lead Agency moved forward with a plan to allow a three month phase out of care; however, when the NPRM was released with specific guidelines, this

plan was re-evaluated. Due to funding cuts and staff reductions, the Lead Agency has requested a waiver/extension for this provision. In addition, the state has a severe shortage of programmers to the current antiquated system, which has caused a backlog of needed changes for all assistance programs. The Lead Agency feels that moving forward with the original three month phase out would be a duplication of effort if the final federal rules differ, thus the waiver/extension request.

Projected start date for each activity: 10/01/2015

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

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

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

N/A

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

[DHS - OAC 340:40-7-13. Computation of income.](#) Subsidized child care requires a minimum of 30 days of representative income. When ongoing income fluctuates to the extent that a 30 calendar day period cannot accurately anticipate earnings, a longer period may be requested and used to determine representative income. In addition, pay information that is not representative of future earnings is not considered. For self-employment, income is annualized (averaged over 12 months). If a change in the nature of the self-employment business occurs, only income received after the change is considered.

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

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

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

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

Applicant identity.

Describe:

Any document that reasonably establishes the applicant's identity is accepted. Examples include Driver's License, work or school ID, ID for health benefits or social service program, voter registration card, wage stub or birth certificate. Applicant identity is verified at initial application.

Applicant's relationship to the child.

Describe:

Client's statement is accepted and the application is documentation. Applicant's relationship to the child is declared at initial application.

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

Describe:

Client's statement is accepted and the application is documentation. Child's information is declared at initial application.

Work.

Describe:

When employed, the parent or caretaker may declare his or her work schedule as long as the declared work hours are supported by pay information provided. Work schedule is declared at initial application and renewal.

Job Training or Educational Program.

Describe:

Training or school schedule must be provided. Workers are encouraged to contact the employer or school by phone to clear up discrepancies. Training or school schedule is verified at initial application and renewal.

Family Income.

Describe:

Pay receipts, collateral statements, data exchange system screens, public record stubs, employer statement. Family income is verified at initial application and renewal.

Household composition.

Describe:

Client's statement is accepted and the application is documentation. Household composition is declared at initial application and renewal.

Applicant Residence.

Describe:

Client's statement is accepted and the application is documentation. Residence is declared at initial application and renewal.

Other.

Describe:

For Protective/Preventive requests, doctor's statement of incapacitation of parent or caretaker is required at initial application and renewal.

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 :

When a request for child care is dropped off in the county office or received via mail, fax, or online at www.okdhslive.org, the worker attempts to contact the applicant by phone for an interview. If the worker is unsuccessful in reaching the applicant over the phone, a letter is mailed scheduling an interview in the county office. The application date is the date the interview has been completed and all verifications have been received. Verifications may be submitted in person at the local county office or via mail, fax, or uploaded at www.okdhslive.org. To be considered timely, the worker must determine eligibility within two working days of receiving all necessary verification to certify or deny the application. If the applicant does not provide requested verification, the worker denies the request within 30 calendar days of the date of the request.

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 [DHS](#)

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

"appropriate child care":

Appropriate child care is care provided by a licensed contracted child care facility; an approved in-home child care facility; a dependable relative who is able and willing to assume responsibility for care and supervision of the child(ren) for a part of the day; a free lower cost facility, such as a day care, pre-school, or Head Start program operated by a community action agency; or informal arrangements made by the parent with a neighbor or friend for occasional care.

"reasonable distance":

A reasonable distance is a distance determined and agreed upon by the parent and the worker and is dependent upon the individual needs of the parent and child(ren).

"unsuitability of informal child care":

Unsuitability of informal child care is an arrangement that does not afford the child(ren) adequate care and supervision. Supervision of a child means the function of observing, overseeing and guiding a child. Unsuitability is an arrangement that does not encourage a child's social development or stimulate the child(ren)'s mental capabilities and afford the child(ren) a safe and stable environment that provides for learning opportunities.

"affordable child care arrangements":

Affordable child care is defined as not exceeding the maximum child care cost as indicated on DHS Appendix C-4, Child Care Eligibility/Copayment Chart.

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

In writing

Verbally

Other.

Describe:

List the citation to this TANF policy.

List:

The sanction policy can be found at

<http://www.okdhs.org/library/policy/pages/oac340040070001000.aspx>

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

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

3.2 Increasing Access for Vulnerable Children and Families

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

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

a. Provide definition of "Children with special needs": A child with special needs is defined as a child receiving supplemental security income (SSI), Sooner Start early intervention services, or special education services provided in accordance with an IEP by the local school district. This definition includes a child who meets the medical definition of disability as determined by the Social Security Administration but does not meet the financial criteria to receive SSI benefits

and describe how services are prioritized:

Services are prioritized by paying child care providers a higher rate caring for children with special needs requiring additional care.

b. Provide definition of "Families with very low incomes": When monthly income is \$850 or less and for some protective/ preventive cases with special circumstances

and describe how services are prioritized:

Services are prioritized by approving care with a zero copayment.

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) All TANF families are eligible for a zero copayment for child care. In addition, those families that become ineligible for TANF due to earnings from a new job are eligible for an additional three months of child care with a zero copayment.

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

Oklahoma allows a grace period of at least 30 days for homeless families to comply with immunization and health and safety requirements. In addition, homeless families may qualify for protective/preventive care to help stabilize living arrangements.

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

The Lead Agency conducts outreach to homeless families to improve access to child care services. A training for providers is available at www.cecpd.org entitled, *It Takes a Village: Providing Education and Services for Homeless Children and Helping Children Heal from Trauma of Being Homeless*. The Lead Agency will work with the Homeless Alliance and other community partners to conduct outreach to homeless families by distributing application forms, brochures, and other information materials to these locations. In addition DHS staffs are out stationed at several homeless shelters around the state to take applications and distribute informational materials regarding subsidized child care. DHS currently contracts with a child care facility located at a homeless shelter so that parents participating in an alcohol/drug rehabilitation program have subsidized child care on site.

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

Oklahoma waives immunization and health and safety requirements for foster children for at least 30 days to allow for expedited enrollment in child care.

- 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) [Partially implemented](#)

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

[12 month eligibility](#)

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.)

[Emergency rule-making process will be enacted for 12 month eligibility so that required policy changes will be in effect by the federal deadline, 9/30/16. In addition, systems modifications are needed which will convert all child care cases from 6 month to 12 month redeterminations.](#)

Projected start date for each activity: [10/01/2015](#)

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

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

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

[N/A](#)

[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
- DHS - OAC 340:40-9-1. Review of child care eligibility. Parents or caretakers may complete their annual redeterminations for child care online at www.okdhslive.org, by fax, mail, or in person at the local county office. Parents and caretakers may also submit all subsequent requested verifications via fax, email, mail, or upload to www.okdhslive.org. There is no interview requirement for child care redeterminations. Clients are not required to provide a work schedule as a condition of eligibility as long as the pay information that is provided supports the client's declaration of work schedule.
- 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

[DHS - OAC 340:40-9-1. Review of child care eligibility.](#) Parents or caretakers may complete their annual redeterminations for child care online at www.okdhslive.org, by fax, mail, or in person at the local county office. Parents and caretakers may also submit all subsequent requested verifications via fax, email, mail, or upload to www.okdhslive.org. There is no interview requirement for child care redeterminations. Clients are not required to provide a work schedule as a condition of eligibility as long as the pay information that is provided supports the client's declaration of work schedule.

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

3.4 Family Contribution to Payment

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

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

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

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

Family Size	(a) Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b)?	(d) Maximum Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	N/A	N/A	N/A	N/A	N/A	N/A
2	\$850	\$6	0.07%	\$2425	\$189	7.79%
3	\$850	\$12	1.41%	\$2925	\$263	8.99%
4	\$850	\$18	2.11%	\$3625	\$366	10.1%

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)?
5	\$850	\$24	2.82%	\$3625	\$410	11.31%

a) What is the effective date of the sliding fee scale(s)? [06/01/2008](#)

b) Provide the link to the sliding fee scale

http://infonet.okdhsdmz.nml:82/OKDHS%20Forms%20Library/C-4_20080601.pdf#search=c%2D4

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

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

Describe:

Other.

Describe:

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

Yes, and describe those additional factors using the checkboxes below.

Number of hours the child is in care

Lower copayments for higher quality of care as defined by the State/Territory

Other.

Describe other factors.

[Number of children in care](#)

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 \$ [850.00 a month](#)

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:

[The maximum family share copayment amounts for family size are listed on the Appendix C-](#)

[4. Child Care Eligibility/Copayment Chart.](#)

<http://infonet.okdhsdmz.nml:82/OKDHS%20Forms%20Library/C-4.pdf#search=c%2D4>

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

Describe:

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

Describe:

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

Describe:

[Providers are not permitted to charge families the difference between the state rate and the private pay rate.](#)

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

Describe:

[Providers are permitted to charge certain fees such as activity or enrollment fees as long as the fees are posted and charged to private pay parents as well. Providers are not permitted to charge fees for care not given such as vacation fees, absence fees or termination fees.](#)

- 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\(2\)\)](#)

At the initial interview, case workers provide resources to search the Child Care Locator website or to contact CCR&R for assistance in choosing a provider that is licensed and contracted with DHS to provide subsidized care. After parents choose a provider, care is authorized in the system which generates the certificate/notice.

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

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

Describe

At the initial interview, parents are advised of the Child Care Locator, an online tool that allows the parent to input desired child care criteria to return a search result of licensed/contracted facilities. The parent is also given information on how to contact Oklahoma Child Care Resource and Referral for a searchable database, information on all programs including program characteristics and elements of quality licensed programs that contract with the Lead Agency to provide care.

4.1.3 Child Care Services Available through Grants or Contracts

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

Yes. If yes, **describe**

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

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

the process for accessing grants or contracts

the range of providers available through grants or contracts

how rates for contracted slots are set for grants and contracts

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

if contracts are offered statewide and/or locally:

No. If no, skip to 4.1.4.

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

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

Programs to serve children with disabilities

Programs to serve infants and toddlers

Programs to serve school-age children

Programs to serve children needing non-traditional hour care

Programs to serve homeless children

Programs to serve children in underserved areas

Programs that serve children with diverse linguistic or cultural backgrounds

Programs that serve specific geographic areas

- Urban
- Rural
- Other.

Describe:

- Improve the quality of child care programs with grants or contracts for:
 - Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
 - Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
 - Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
 - Programs to serve children with disabilities or special needs
 - Programs to serve infants and toddlers
 - Programs to serve school-age children
 - Programs to serve children needing non-traditional hour care
 - Programs to serve homeless children
 - Programs to serve children in underserved areas
 - Programs that serve children with diverse linguistic or cultural backgrounds
 - Programs that serve specific geographic areas
 - Urban
 - Rural
 - Other.

Describe:

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

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

Describe the policies and procedures for unlimited access

Licensing Requirements for Family Child Care Homes: "Parents are provided access to all areas of the home used for child care during the hours that children are in care". Licensing Requirements for Child Care Programs, "The parents of enrolled children are permitted reasonable access to all parts of the child care center during hours of operation." Provider's subsidy contract also requires the provider to allow unlimited access to parents.

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:

In-Home providers must be 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:

Within 90 days of approval, the in-home provider must complete basic health and safety training and provide a self-certification. After the first year, the in-home provider must complete a minimum of 6 hours of training annually. If caring for a special needs child, the in-home provider must complete first aid and CPR certification prior to approval, and must complete an additional 6 hours of training related to caring for a child with disabilities within 6 months of approval. Oklahoma exempt programs minimize danger to the health and safety of children in care by accreditations through other national organizations, health and safety requirements for exempt programs, and federal law.

Other

Describe:

The provider may not be a member of the child's household; and can only care for the child of one family at a time.

No.

4.2 Assessing Market Rates and Child Care Costs

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

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

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

The State must prepare a detailed report containing the results of the MRS or alternative

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

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

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

MRS

Alternative Methodology.

Describe:

Both.

Describe:

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 Lead Agency provided a presentation on the CCDF reauthorization requirements to the SAC, invited SAC members to participate in workgroups of specific sections of the State Plan

and provided SAC a review of the draft of the State Plan. Members of the SAC attended the public hearing on the State Plan and were invited to provide input at every step of the state plan development.

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:

There were 2,994 child care homes and centers in the target population. Of these, 41 reported they were no longer in business and 160 had disconnected or incorrect telephone numbers leaving a total of 3,793 eligible child care homes and centers. Although included in the response rate, the 124 child care homes and centers with "no public care," were excluded from statistical analysis leaving 2,669 in the population. There were 1,659 completed surveys where child care and rate specific information was provided. At the 95% confidence level, the margin of error is 1.48%. Names, addresses, and telephone numbers for licensed child care facilities were supplied by CCS. The target population was developed and CCS mailed a notice on August 25, 2014 announcing the survey and communicating CCS has authorized the survey. Interviewers were temporary employees selected by the University of Oklahoma to telephone facilities and collect data. Interviewers were provided a desk, telephone and access to general office supplies. Interviewers were trained on September 15, 2014 and provided a script to utilize when contacting child care facilities.

The following script was used to collect data by Star level, age and geographic region. I'll ask you the number of private pay children you currently have enrolled by age group. Please include only the children paid privately and do not include children participating in DHS or tribal subsidy programs. Also, I'll ask how much you charge for weekly full time care for each age group. For before and or after school care, only include the number of children

who are in care for 4 or more hours per day. Are you ready to begin the short survey?

- How many private pay children under one are currently enrolled?
- What is the full-time weekly rate for children under age one?
- How many one year old private pay children are currently enrolled?
- What is the full-time weekly rate for one year old children?
- How many two year old private pay children are currently enrolled?
- What is the full-time weekly rate for two year old children?
- How many three year old private pay children are currently enrolled?
- What is the full-time weekly rate for three year old children?
- How many four year old private pay children are currently enrolled?
- What is the full-time weekly rate for four year old children?
- How many five year old private pay children are currently enrolled?
- What is the full-time weekly rate for five year old children?
- How many private pay children six or older are currently enrolled?
- What is the full-time weekly rate for children six or older?

This concludes our survey, thank you for your participation.

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):

The Reaching for the Stars initiative is the basis of Oklahoma's tiered reimbursement initiative. All child care market rate survey data was collected by age, facility type, and geographic region, and is segregated by the Star rating.

b) Type of provider:

The Reaching for the Stars initiative is the basis of Oklahoma's tiered reimbursement initiative. All child care market rate survey data was collected by age, facility type, and geographic region, and is segregated by the Star rating.

c) Age of child:

The Reaching for the Stars initiative is the basis of Oklahoma's tiered reimbursement initiative. All child care market rate survey data was collected by age, facility type, and geographic region, and is segregated by the Star rating.

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

The MRS data is collected by Star level.

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)

10/01/2014

b) Date report containing results were made widely available, no less than 30 days after the completion of the report 12/01/2014

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

The results of the MRS were sent to Partners and Tribes and were posted December 2014.

<http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>

4.3 Setting Payment Rates

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

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

Describe how many jurisdictions set their own payment rates

None

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

Rate \$ 31.00 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 35.67

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

Rate \$ 26.80 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 51.90

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

Rate \$ 28.80 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 39.86

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

Rate \$ 26.80 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 51.90

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

Rate \$ 21.30 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 39.40

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

Rate \$ 21.30 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 52.15

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

Rate \$ 17.50 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 67.55

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

Rate \$ 17.00 per day unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 58.05

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

over four hours

j) Provide the effective date of the payment rates : 11/01/2013

k) Provide the link to the payment rates :

http://infonet.okdhdmz.nml:82/OKDHS%20Forms%Library/C-4-B_current.pdf#search=appendix%29@2D4%2Db Appendix C4 B

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

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

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

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

Describe:

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

Describe:

Special needs (ages 0 to 19 years of age). To qualify for a special needs unit type, the child must meet the DHS definition of a child with disabilities per OAC 340:40-7-3.1 and the child and provider must meet certification requirements following. When the child qualifies, a special needs unit type is effective the first of the month following special needs approval. A special needs unit type, when approved, is paid in addition to the rate paid for a typically developing child of the same age. When the parent qualifies, a weekly special needs unit type may be approved. The two special needs categories are:
moderate special needs rate: child care providers receive an additional \$8 for a full-time day and an additional \$6 for a part-time day for a child approved for the moderate special needs rate. Severe special needs rate: child care providers receive an additional \$14 for a full-time day and an additional \$10 for a part-time day for a child approved for the severe special needs rate.

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

Describe:

Age breakdowns are different for child care centers and homes. Age-driven rate changes are made effective the first of the month following the child's birth date. Per Oklahoma Administrative Code (OAC) 340:40-7-3, child care eligibility ends the day before the child turns 13 years of age.

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

Describe:

Oklahoma pays higher subsidy rates for higher quality. Oklahoma uses a tiered reimbursement program designed to improve child care beyond the basic licensing criteria. To further encourage quality, a statewide rate was established for all 3 Star centers and homes in January 2009.

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

Describe:

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

Describe:

- None.

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

Describe:

The last rate increase was before the 2014 MRS. Child Care services reviewed the 2014 MRS and proposed a rate increase to the 75th percentile. The projected cost was \$25 million. Because Oklahoma is in a revenue failure and CCDF funds are 100% obligated, OKDHS leadership decided not to pursue a rate increase at any level. On future rate proposals, Oklahoma will focus on rates below the 50 percentile, specifically the Enhanced rates for infants, toddlers and preschoolers. Due to state budget constraints and 100% current obligation of CCDF funds, Oklahoma did not adjust rates in accordance with the 2014 MRS. Oklahoma does not have a waiting list, and eligible families that apply receive child

care subsidy and choice of contracted facilities. Due to revenue failure, the Lead Agency will freeze enrollment for the subsidy program effective June 1, 2016. Existing child care recipients will continue to receive care. Exceptions include children approved through Child Welfare Services, children adopted through DHS who meet policy requirements, children in trial reunification, and TANF recipients participating in an approved work activity.

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:

Since the inception of QRIS program, Oklahoma has had tiered reimbursement rate based on quality levels. Data from the MRS survey is compiled by geographic location, facility type, age and Star level. Over 95% of children in subsidized care, are in higher quality facilities.

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

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

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

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

Describe:

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

Describe:

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

Describe:

Market Rate Survey results are located at

<http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>. Rates listed are from the 2014 MRS which is the most current, and was conducted in September 2014.

- 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 shows a reduction in total licensed facility, but the percent of subsidized programs statewide remains constant.

- 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:

As part of the State Plan Parent Survey, respondents have the opportunity to give

feedback on the QRIS program and if the accuracy of the level of quality represents their child care program. Of the total responses received, 79% of parents stated they either agreed or strongly agreed with the rating of the level of care. Of total survey respondents, 38% indicated they receive help from DHS to pay for child care.

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

Oklahoma currently has no waiting list for subsidy applications that meet the requirement. The MRS was used for the last two rate increases to begin to align the standard counties with the enhanced rate at the highest quality levels. If a waiting list becomes necessary, research with other states who currently use a waiting list will be used to help guide Oklahoma's policy to ensure families will have access to care. Rate percentiles are from the 2014 MRS which is the most current, and was conducted in September 2014. The last rate increase was based on 2012 MRS and was implemented November 2013 . Although the private pay rates increased from 2012 to 2014, the percentage of child care providers accepting OKDHS child care subsidy has remained at 58%. More than 96 percent of children in subsidized care are in 2 and 3 Star facilities. Families receiving subsidy continue to choose the higher quality care.

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

4.5 Payment Practices and Timeliness of Payments

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

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

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe.

The Lead Agency

Pays prospectively prior to the delivery of services.

Describe:

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

Describe:

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

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

Describe:

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

Describe:

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

Describe:

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

Describe:

Other.

Describe:

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

The Lead Agency uses an electronic benefits transfer (EBT) system statewide. Payment for service is based on the time and attendance information that the parent documents by swiping his or her EBT card through the point of service (POS) machine on a daily basis. Weekly payments are direct deposited into the provider's bank account for attendance 2 weeks in arrears, which allows the client 10 days to complete or correct swipes.

Oklahoma offers a full time rate (called the weekly rate) which allows for absent day payments as long as the parent's schedule meets certain criteria. Written notice is given to providers for all approvals, closures, and changes to child care authorizations. In addition, providers can access the Provider Web for real time information about authorizations of children in their care. Although the state does not pay fees, providers are allowed to charge enrollment or registration fees as long as the fees are posted and charged to private pay families as well.

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:

Weekly payments are direct deposited into the provider's bank account for attendance 2 weeks in arrears.

Track and monitor the payment process

Describe:

Payments are tracked and monitored via the EBT system.

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

Describe:

Lead Agency uses an EBT system for the Child Care Subsidy program. Parents swipe an EBT card to record attendance. Billing is automated, and payments are direct deposited into the provider's bank account. Providers can monitor attendance and payment on the

Provider Web located at <https://www.ebt.acs-inc.com/ecc/>

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

[Oklahoma School Readiness Reach by Risk Report 2015 ; R&R supply and demand](#)

No.

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

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

a) Infants and toddlers (check all that apply)

Grants and contracts (as discussed in 4.1.3)

Family child care networks

Start-up funding

Technical assistance support

Recruitment of providers

Tiered payment rates (as discussed in 4.4.1)

Other.

Describe

To increase the supply and improve quality for infants and toddlers, the Lead Agency supports Early Head Start-Child Care Partnerships by providing the base layer of funding. Families that speak Spanish are assisted by CCR&R staff and families that speak other languages receive assistance through translation services.

b) Children with disabilities (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

Families that speak Spanish are assisted by CCR&R staff and families that speak other languages receive assistance through translation services. A subsidy contract is available in Spanish.

c) Children who receive care during non-traditional hours (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

d) Homeless children (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding

- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

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

Due to revenue failure the Lead Agency will freeze enrollment for the subsidy program effective June 1, 2016. Existing child care recipients will continue to receive care. Exceptions include children approved through CWS, children adopted through DHS who meet policy requirements, children in trial reunification, and TANF recipients participating in an approved work activity. The Lead Agency focuses on serving all families in need of services when funding is available . Each county has eligibility staff to assist families with choosing quality child care. Children whose care is subsidized are required to attend a program that participates in the Stars program (QRIS). 95% of children in the state are in 2 and 3 Star programs. CCR&R services are available to families in every county. The Lead Agency does not have a waiting list for those families who meet program qualifications. The Lead Agency supports Early Head Start-Child Care Partnerships by providing the base layer of funding. Lead Agency assisted Early Head Start grantees in the grant-writing process by providing data on areas with high concentrations of poverty and high child welfare involvement so that partners could be recruited in those areas. The Lead Agency and CCR&R have provided technical assistance to Head Start facilities to become 3 Star. The Lead Agency also encourages collaborations between child care

facilities and public pre-kindergarten. Oklahoma provides universal pre-kindergarten. The Lead Agency provided "Bridges Out of Poverty" training to programs that contract to provide subsidized care. The training identifies specific strategies for improving outcomes for people living in poverty.

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State is required to certify it has in effect licensing requirements applicable to all child care services provided within the State (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(I)(i))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to child care services provided within the State.

(658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

The following programs are licensed:

(A) Child care centers-programs that operate 30 or more hours per week.

(B) Day camps-programs that operate during school breaks for 12 hours or less per day, serve children 5-year-olds and older who are attending, or have completed kindergarten or above, and use the outdoors as a major program component for at least 50 percent of the daily hours of operation.

(C) Drop-in Program-programs that operate 30 or more hours per week with individual children attending six-hours or less per day and 24 hours or less per week, with an allowance for three extra six-hour days per 12 months per child.

(D) Out-of-school time programs-means programs that operate when school is not in session, such as before- and after-school and school breaks, and serve 3-year-olds and older who are attending or have completed pre-kindergarten or above.

(E) Part-day programs-programs that operate for more than 15, but less than 30 hours per week.

(F) Programs for sick children-programs that serve children with illnesses or symptoms preventing them from comfortable participation in activities in a program caring for children who are well. The children require more care than personnel in a program caring for children who are well can provide without compromising the health and safety of other children in care.

(G) Family child care home-a family home that provides care and supervision for seven or fewer children for part of the 24-hour day.

(H) Large family child care home-a residential family home that provides care and supervision for eight to twelve children for part of the 24-hour day.

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

Exempt programs include: Care provided in a child's own home and programs on a military base or federal property. Programs on a military base are licensed by another entity. In-home providers must complete various background checks including a child welfare and criminal history check. Within 90 days of approval, the in-home provider must complete basic health and safety training and provide a self-certification. After the first year, the in-home provider must complete a minimum of 6 hours of training annually. If caring for a special needs child, the in-home provider must complete first aid and CPR certification prior to approval, and must complete an additional 6 hours of training related to caring for a child with disabilities within 6 months of approval. Oklahoma exempt programs minimize danger to the health and safety of children in care by accreditations through other national organizations, health and safety requirements for exempt programs, and federal law.

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:

Infants (0-11 months)

- Ratio:

One caregiver for four infants

- Group Size:

Maximum of 8 infants

2. Toddler

- State/Territory age definition:

12-23 months

- Ratio:

One caregiver for six toddlers

- Group Size:

Maximum of 12 toddlers

3. Preschool:

- State/Territory age definition:

24 - 59 months

- Ratio:

One caregiver for eight 2 year olds; one caregiver for twelve 3 year olds; one caregiver for fifteen 4 and 5 year olds

- Group Size:

Maximum of sixteen for 2 year olds; twenty-four for 3 year-olds; thirty for 4 and 5 year olds

4. School-Age

- State/Territory age definition:

6 year olds (and older single-age groups)

- Ratio:

One caregiver for 20 children

- Group Size:

Maximum of 40

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

Providers that are exempt are not required to meet licensing ratios regarding child ages and group sizes.

6. Describe, if applicable, ratios and group sizes for centers with mixed age groups. Infants, 1-year-olds, and 2-year-olds, -1:6 ratio with no more than two infants per teaching personnel and a maximum group size of 12.

Infants and older 1:8 ratio with no more than two under 2 years of age per teaching personnel and a maximum group size of 16.

1-year-olds and older - 1:8 ratio with no more than two 1-year-olds per teaching personnel and a maximum group size of 16.

2-year-olds and older- 1:12 ratio with no more than four 2-year-olds per teaching personnel and a maximum group size of 24.

3-year-olds and older- 1:15 ratio with no more than six 3-year-olds per teaching personnel and a maximum group size of 30.

4-year-olds and 5-year-olds- 1:15 ratio and a maximum group size of 30.

4-year-olds and older 1:18 ratio with no more than eight 4-year-olds per teaching personnel and a maximum group size of 36.

5-year-olds and older- 1:18 ratio with no more than ten 5-year-olds per teaching personnel and a maximum group size of 36.

6-year-olds and older - 1:20 ratio and a maximum group size of 40.

b) Licensed Group Child Care Homes:

1. Infant

- State/Territory age definition:

0 through 11 months of age

- Ratio:

Oklahoma classifies this group as a Large Family Child Care Home. It is defined as a residential family home that provides care and supervision for eight to 12 children for part of the 24 hour day. The Large Family Child Care Home ratios are as follows:

One Caregiver:

1-5 children of any age

6 children with no more than three under 2 years
7 children with no more than two under 2 years
8 children all 3 years and older

9-10 children all 4 years and older
11-12 children all 5 years and older

Two Caregivers:

1-8 children of any age
9-12 children no more than six under 2 years

Three Caregivers:

1-12 children with no more than eight under 2 years Question 5

- Group Size:

Oklahoma classifies this group as a Large Family Child Care Home. It is defined as a residential family home that provides care and supervision for eight to 12 children for part of the 24 hour day. The Large Family Child Care Home ratios are as follows:

One Caregiver:

1-5 children of any age
6 children with no more than three under 2 years
7 children with no more than two under 2 years
7 children when children are 2 years and older
8 children all 3 years and older

9-10 children all 4 years and older
11-12 children all 5 years and older

Two Caregivers:

1-8 children of any age
9-12 children no more than six under 2 years

Three Caregivers:

1-12 children with no more than eight under 2 years Question 5

2. Toddler

- State/Territory age definition:

12-23 months of age

- Ratio:

Oklahoma classifies this group as a Large Family Child Care Home. It is defined as a residential family home that provides care and supervision for eight to 12 children for part of the 24 hour day. The Large Family Child Care Home ratios are as follows:

One Caregiver:

1-5 children of any age

6 children with no more than three under 2 years

7 children with no more than two under 2 years

7 children when children are 2 years and older

8 children all 3 years and older

9-10 children all 4 years and older

11-12 children all 5 years and older

Two Caregivers:

1-8 children of any age

9-12 children no more than six under 2 years

Three Caregivers:

1-12 children with no more than eight under 2 years Question 5

- Group Size:

Oklahoma classifies this group as a Large Family Child Care Home. It is defined as a residential family home that provides care and supervision for eight to 12 children for part of the 24 hour day. The Large Family Child Care Home ratios are as follows:

One Caregiver:

1-5 children of any age

6 children with no more than three under 2 years
7 children with no more than two under 2 years
7 children when children are 2 years and older
8 children all 3 years and older

9-10 children all 4 years and older
11-12 children all 5 years and older

Two Caregivers:

1-8 children of any age
9-12 children no more than six under 2 years

Three Caregivers:

1-12 children with no more than eight under 2 years Question 5

3. Preschool:

- State/Territory age definition:

24 - 59 months of age

- Ratio:

Oklahoma classifies this group as a Large Family Child Care Home. It is defined as a residential family home that provides care and supervision for eight to 12 children for part of the 24 hour day. The Large Family Child Care Home ratios are as follows:

One Caregiver:

1-5 children of any age
6 children with no more than three under 2 years
7 children with no more than two under 2 years
7 children when children are 2 years and older
8 children all 3 years and older

9-10 children all 4 years and older
11-12 children all 5 years and older

Two Caregivers:

1-8 children of any age

9-12 children no more than six under 2 years

Three Caregivers:

1-12 children with no more than eight under 2 years Question 5

- Group Size:

Oklahoma classifies this group as a Large Family Child Care Home. It is defined as a residential family home that provides care and supervision for eight to 12 children for part of the 24 hour day. The Large Family Child Care Home ratios are as follows:

One Caregiver:

1-5 children of any age

6 children with no more than three under 2 years

7 children with no more than two under 2 years

7 children when children are 2 years and older

8 children all 3 years and older

9-10 children all 4 years and older

11-12 children all 5 years and older

Two Caregivers:

1-8 children of any age

9-12 children no more than six under 2 years

Three Caregivers:

1-12 children with no more than eight under 2 years Question 5

4. School-Age

- State/Territory age definition:

5 years of age and up

- Ratio:

Oklahoma classifies this group as a Large Family Child Care Home. It is defined as a residential family home that provides care and supervision for eight to 12 children for part of the 24 hour day. The Large Family Child Care Home ratios are as follows:

One Caregiver:

1-5 children of any age

6 children with no more than three under 2 years

7 children with no more than two under 2 years

7 children when children are 2 years and older

8 children all 3 years and older

9-10 children all 4 years and older

11-12 children all 5 years and older

Two Caregivers:

1-8 children of any age

9-12 children no more than six under 2 years

Three Caregivers:

1-12 children with no more than eight under 2 years Question 5

- Group Size:

Oklahoma classifies this group as a Large Family Child Care Home. It is defined as a residential family home that provides care and supervision for eight to 12 children for part of the 24 hour day. The Large Family Child Care Home ratios are as follows:

One Caregiver:

1-5 children of any age

6 children with no more than three under 2 years

7 children with no more than two under 2 years

7 children when children are 2 years and older

8 children all 3 years and older

9-10 children all 4 years and older

11-12 children all 5 years and older

Two Caregivers:

1-8 children of any age

9-12 children no more than six under 2 years

Three Caregivers:

1-12 children with no more than eight under 2 years Question 5

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

The total number of children in a family child care home is limited to seven as a small family child care home that includes: children younger than five years of age who live in the home and are present in the home while children are in care; foster children 12 years of age and younger who live in the home and are present in the home while children are in care; and the children of any substitute or assistant caregiver.

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

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

c) Licensed Family Child Care:

1. Describe the ratios, group size, the threshold for when licensing is required, maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Describe the ratios:

No child care program may be legally operated or maintained in the State of Oklahoma since 1964, unless licensed by the Department of Human Services. The maximum number of children in care at one time, whether on or off the premises, does not exceed the number of children specified on the license. The total number of children in a family

child care home is limited to seven that includes: (1) children younger than five years of age who live in the home and are present in the home while children are in care; (2) foster children 12 years of age and younger who live in the home and are present in the home while children are in care; and (3) children of any substitute or assistant caregiver. When only one caregiver is present, the total number and ages of children that may be in care at any one time are: (A) seven children, with no more than two children younger than two years of age; (B) six children, with no more than three children younger than two years of age; or (C) five children of any age. Two caregivers must be present and providing care when: (1) seven children are in care and more than two children are younger than two years of age; or (2) six children are in care and more than three children are younger than two years of age.

Additional staff provisions are made for enrollment of children with disabilities who require individual attention.

Describe the group size:

No child care program may be legally operated or maintained in the State of Oklahoma since 1964, unless licensed by the Department of Human Services. The maximum number of children in care at one time, whether on or off the premises, does not exceed the number of children specified on the license. The total number of children in a family child care home is limited to seven that includes: (1) children younger than five years of age who live in the home and are present in the home while children are in care; (2) foster children 12 years of age and younger who live in the home and are present in the home while children are in care; and (3) children of any substitute or assistant caregiver. When only one caregiver is present, the total number and ages of children that may be in care at any one time are: (A) seven children, with no more than two children younger than two years of age; (B) six children, with no more than three children younger than two years of age; or (C) five children of any age. Two caregivers must be present and providing care when: (1) seven children are in care and more than two children are younger than two years of age; or (2) six children are in care and more than three children are younger than two years of age.

Describe the threshold for when licensing is required:

No child care program may be legally operated or maintained in the State of Oklahoma since 1964, unless licensed by the Department of Human Services. The

maximum number of children in care at one time, whether on or off the premises, does not exceed the number of children specified on the license. The total number of children in a family child care home is limited to seven that includes: (1) children younger than five years of age who live in the home and are present in the home while children are in care; (2) foster children 12 years of age and younger who live in the home and are present in the home while children are in care; and (3) children of any substitute or assistant caregiver. When only one caregiver is present, the total number and ages of children that may be in care at any one time are: (A) seven children, with no more than two children younger than two years of age; (B) six children, with no more than three children younger than two years of age; or (C) five children of any age. Two caregivers must be present and providing care when: (1) seven children are in care and more than two children are younger than two years of age; or (2) six children are in care and more than three children are younger than two years of age.

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

When only one caregiver is present, the total number and ages of children that may be in care at any one time are: (A) seven children, with no more than two children younger than two years of age; (B) six children, with no more than three children younger than two years of age; or (C) five children of any age. Two caregivers must be present and providing care when: (1) seven children are in care and more than two children are younger than two years of age; or (2) six children are in care and more than three children are younger than two years of age.

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

Related children are considered in the ratio. Children younger than 5 years of age who live in the home and are present during child care hours they are counted in ratio and group size.

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

Children are considered in the ratio and capacity as long as they are in care. Licensing is required for any children in care if not related.

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

State licensing regulations do not require child-to-provider ratio limitations for exempt family child care homes or group (large) family child care homes.

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

Teaching personnel are at least 18 years of age, have at least a high school diploma/GED,

and assistant teacher qualifications:

Teaching personnel are at least 16 years of age, have at least a high school diploma/GED or in process, or in process of getting a diploma/GED.

2. Toddler lead teacher

Teaching personnel are at least 18 years of age, have at least a high school diploma/GED,

and assistant teacher qualifications:

Teaching personnel are at least 16 years of age, have at least a high school diploma/GED or in process, or in process of getting a diploma/GED

3. Preschool lead teacher

Teaching personnel are at least 18 years of age, have at least a high school diploma/GED,

and assistant teacher qualifications:

Teaching personnel are at least 16 years of age, have at least a high school diploma/GED or in process, or in process of getting a diploma/GED

4. School-Age lead teacher

Teaching personnel are at least 18 years of age, have at least a high school diploma/GED,

and assistant teacher qualifications:

Teaching personnel are at least 16 years of age, have at least a high school diploma/GED or in process, or in process of getting a diploma/GED

5. Director qualifications:

All directors of child care centers are required to be at least 21 years of age, have a current bronze or higher level certificate in accordance with Oklahoma's Director Credential.

b) Licensed Group Child Care Homes:

1. Infant lead teacher

Group child care homes don't have lead teachers, but do have primary caregiver. The

primary caregiver must be at least 21 years of age, have at least 6 months of satisfactory experience as a primary caregiver in a licensed family child care home in Oklahoma and meet one of the requirements:

- (i) a high school diploma/GED credential and 12 college credit hours in child development or early childhood education
- (ii) a vo-tech occupational child care program diploma
- (iii) a Child Development Associate (CDA) credential; or
- (iv) an associate or bachelor's degree in child development or early childhood education.

and assistant qualifications:

must be at least 16 years of age

2. Toddler lead teacher

Group child care homes don't have lead teachers, but do have primary caregiver. The primary caregiver must be at least 21 years of age, have at least 6 months of satisfactory experience as a primary caregiver in a licensed family child care home in Oklahoma and meet one of the requirements:

- (i) a high school diploma/GED credential and 12 college credit hours in child development or early childhood education
- (ii) a vo-tech occupational child care program diploma
- (iii) a Child Development Associate (CDA) credential; or
- (iv) an associate or bachelor's degree in child development or early childhood education.

and assistant qualifications:

must be at least 16 years of age

3. Preschool lead teacher

Group child care homes don't have lead teachers, but do have primary caregiver. The primary caregiver must be at least 21 years of age, have at least 6 months of satisfactory experience as a primary caregiver in a licensed family child care home in Oklahoma and meet one of the requirements:

- (i) a high school diploma/GED credential and 12 college credit hours in child development or early childhood education
- (ii) a vo-tech occupational child care program diploma
- (iii) a Child Development Associate (CDA) credential; or
- (iv) an associate or bachelor's degree in child development or early childhood education.

and assistant qualifications:

must be at least 16 years of age

4. School-Age lead teacher

Group child care homes don't have lead teachers, but do have primary caregiver. The primary caregiver must be at least 21 years of age, have at least 6 months of satisfactory experience as a primary caregiver in a licensed family child care home in Oklahoma and meet one of the requirements:

- (i) a high school diploma/GED credential and 12 college credit hours in child development or early childhood education
- (ii) a vo-tech occupational child care program diploma
- (iii) a Child Development Associate (CDA) credential; or
- (iv) an associate or bachelor's degree in child development or early childhood education.

and assistant qualifications:

must be at least 16 years of age

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

c) Licensed Family Child Care home provider qualifications

The primary caregiver must be at least 21 years of age and have obtained a high school diploma/GED.

d) Other eligible providers qualifications:

In home providers must be a minimum of 18 years of age.

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics.

(658E(c)(2)(l)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children

from birth through age 12 and the providers who care for them.

a) The State certifies that it has health and safety requirements for individuals (providers) receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation

Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas as of March 1, 2016.

Provide a citation and a link if available

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

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

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

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

All requirements are met with the exception of prevention of and response to emergencies due to food and allergic reactions in child care homes. The Department of Human Services (DHS) is responsible for implementing the Oklahoma Child Care Facilities Licensing Act (Act). [10 O.S. § 401 et seq.]

The link to part of the licensing law:

<http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=63950>

Unmet requirement - Identify the requirement(s) to be implemented **Prevention of and response to emergencies due to food and allergic reactions**

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.)

Proposed rule language will be submitted to DHS Office of Governmental Relations and Policy (OIRP). Rules will then be submitted to the Governor for emergency rule approval request for 9/30/16 and then resubmitted in 2017 legislative session for permanent rulemaking approval.

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

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

Agency - Who is responsible for complete implementation of this activity **Lead Agency**

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

N/A

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

States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.

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

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

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

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

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

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

[Requirements for Child Care Programs are partially implemented meeting all Federal requirements outlined above with the exception: no orientation training required for immunizations, administration of medication, prevention of food allergic reactions, building and physical premises safety-including identification of protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic, handling and storage of hazardous materials and the appropriate disposal of bio contaminants.](#)

[Requirements for Family Child Care Homes are partially implemented meeting all Federal requirements outlined above with the exception: no orientation training required for administration of medication, prevention of food allergic reactions, building and physical premises safety-including identification of protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular](#)

traffic, emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event, handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

Unmet requirement - Identify the requirement(s) to be implemented pre-service (prior to initial service) or orientation (period from when service started) appropriate to the provider setting that address each of the requirements relating to the required topic areas

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

Proposed rule language will be submitted to DHS Office of Governmental Relations and Policy (OIRP). Rules will then be submitted to the Governor for emergency rule approval request for 9/30/16 and then resubmitted in 2017 Legislative Session for permanent rulemaking approval.

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

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

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

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

N/A

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:

Licensed center-based care and family child care home providers ensures children are served nutritious meals and snacks.

- Access to physical activity.

Describe:

Family child care homes and center-based programs must have daily schedules which include indoor and outdoor play.

- Screen time.

Describe:

Screen time is limited for child care centers.

- Caring for children with special needs.

Describe:

Additional staff may be required to ensure proper supervision and care of all children, reasonable accommodations are made to enable a child with disabilities to participate, placing a child with disabilities in an age group where all development needs can be met. Each staff who cares for a child with a disability participates in individualized instruction for that child.

- Recognition and reporting of child abuse and neglect.

Describe:

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

Describe:

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

Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics?

- Yes, all relatives are exempt from all health and safety training requirements.

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

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

5.2 Monitoring and Enforcement Policies and Practices

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

- Yes.

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

[The Department of Human Services \(DHS\) is responsible for implementing the Oklahoma Child Care Facilities Licensing Act \(Act\). \[10 O.S. § 401 et seq.\]](#)

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

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

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

Yes.

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

Oklahoma Administrative Code (OAC) 340:110-1-20 describes professional development of CCS staff. Individuals hired to monitor child care facilities are classified as child care licensing specialists. These individuals must meet the following minimum qualifications: Education and experience requirements at this level consist of a master's degree in early childhood education, child development or social work; or a bachelor's degree in early childhood education, child development or social work and one year of professional level experience in child care licensing, early childhood education or social work; or a bachelor's degree and two years of professional experience in child care licensing, early childhood education, social work, or in a licensed childcare or formal early childhood setting. Staff complete mandatory training for DHS employees and specific training for licensing specialist that address language and cultural diversity of the providers, health and safety licensing requirements and unique early childhood program characteristics. <http://www.okdhs.org/library/policy/Pages/oac340110010020000.aspx>

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

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

[Describes the procedure for those interested in pursuing and requesting a license. 340:110-1-9. Case management: The Oklahoma Child Care Services \(OCCS\) licensing staff makes a minimum of three unannounced monitoring visits to facilities that operate a full-year program and two unannounced monitoring visits annually to facilities that operate less than a full year.](#)

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) [Partially implemented](#)

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

[License-exempt military and out-of-state providers receive an annual monitoring visit.](#)

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.)

License-exempt in-home providers do not currently receive monitoring visits. Emergency rule-making process will be enacted for annual in-home monitoring so that required policy changes will be in effect by the federal deadline, 9/30/16. The state will develop an alternative methodology other than that used for licensed facilities. Relative in-home providers will be exempt from monitoring requirements. Proposed rule language will be submitted to DHS Office of Governmental Relations and Policy (OIRP). Rules will then be submitted to the Governor for emergency rule approval request for 9/30/16 and then resubmitted in 2017 legislative session for permanent rulemaking approval. No systems changes are required to implement this provision.

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

Projected end date for each activity: 11/19/2016

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

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

N/A

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:

Standard practice for the State licensing agency is equal distribution of providers and

programs among licensing staff throughout the state to comply with the State policy of a minimum of three unannounced monitoring visits annually. The ratio of programs to licensing specialist is approximately 40 cases per licensing specialist.

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):

Persons having reason to believe that a child under 18 years of age is a victim of abuse or neglect are required per Section 1-2-101 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-2-101) to promptly report it to the Oklahoma Department of Human Services (DHS) Abuse and Neglect Hotline. Any allegation of abuse or neglect reported in any manner to a DHS county office is immediately referred to the Hotline, per Section 10A O.S. § 1-2-101.

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

[Results of investigations are shared with the qualified entity and individuals with access and review of fingerprint results per legislation. Current process allows for RAP back on individuals who have completed the Background Investigation.](#)

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

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.)

[Policy, law and requirement/regulation changes are needed. The Lead Agency will implement policy and requirements for a comprehensive criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A policy change will be written which will include waivers only for criminal misdemeanor or criminal drug charges after 5 years.](#)

Projected start date for each activity: [07/01/2015](#)

Projected end date for each activity: [09/30/2017](#)

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

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

[Oklahoma State Bureau of Investigation State Repository, Child Care Advisory Committee](#)

Tasks/Activities - What specific steps will you take to implement the unmet

requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

The Department of Human Services will implement policy and requirements for state child abuse and neglect registry checks for staff members where available for each state where a staff member has resided over the past five years.

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

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

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

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

[Oklahoma State Bureau of Investigation State Repository, Child Care Advisory Committee](#)

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.)

[National Crime Information Center checks are current for Law Enforcement only or for child welfare agencies where an emergency exists when placing foster children. Unless this changes, this requirement cannot be met.](#)

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

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

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

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

[Oklahoma State Bureau of Investigation State Repository, Child Care Advisory Committee](#)

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

[The Lead Agency currently utilizes federal laws NCPA/VCA which gives authority to secondarily disseminate the full record of the individual with a determination of](#)

prohibited or restricted. Oklahoma's requirements meet and exceed the intent of the CCDF Reauthorization.

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

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

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

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

[Oklahoma State Bureau of Investigation State Repository, Child Care Advisory Committee](#)

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and providing opportunities for applicants to appeal the results of background checks.

Describe:

The Department of Human Services has policies in place to ensure that background investigations are completed within five business days.

5.3.3 Describe how the State/Territory is assisting other States process background checks, including which agency/entity is responsible for working with other states

Describe:

The Lead Agency will refer requests to the appropriate agency.

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:

Restriction waivers may be requested for individuals who have criminal history restrictions. The owner, responsible entity, or director completes requests on a DHS

form. Restriction waivers are not requested or granted for: Restricted Registry registrants; individuals with criminal history prohibitions; or individuals whose sentence has not expired for any of the criminal history restrictions. Individuals identified in pending or denied restriction waiver requests are also prohibited.

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:

Individuals with criminal history prohibitions are prohibited. Criminal history prohibitions include required registration under the: (A) Sex Offender Registration Act; or (B) Mary Rippy Violent Crime Offenders Registration Act.

Individuals with criminal history restrictions are prohibited, unless a criminal history restriction waiver is granted. Criminal history restrictions include pending charges, pleas of guilty or nolo contendere (no contest), or convictions of any criminal activity involving:

- (A) gross irresponsibility or disregard for the safety of others;
- (B) violence against an individual;
- (C) sexual misconduct;
- (D) child abuse or neglect;
- (E) animal cruelty;
- (F) possession, sale or distribution of illegal drugs; or
- (G) a pattern of criminal activity.

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/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.

The Lead Agency does not charge a fee for background check services. Only the actual cost of fingerprinting is charged by a 3rd party vendor. The lowest possible cost is ensured through a statewide enterprise contract.

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.

Policy and procedures are published on the Department of Human Services website. The Lead Agency also provides the public with a Licensing Records Office Guide to Background Checks, a step by step guide to the fingerprinting process and a Criminal History Review Process Video. A policy change will be written which will include waivers only for criminal misdemeanor or criminal drug charges after 5 years.

5.3.9 Does the Lead Agency release aggregated data by crime?

Yes.

List types of crime included in the aggregated data:

The following types of crimes are included in the Lead Agency aggregated data: arson, assault/battery, burglary/robbery/theft, carrying weapon, child abuse/endangerment, conceal stolen property, conspiracy, contribute to delinquency of minor, disorderly

conduct/disturbing the peace, distribution/sell controlled dangerous substance, domestic abuse, driving/transportation, embezzlement, exploitation, failure to appear, falsely reporting a crime, fraud/forgery/bogus, habitual truant from school, harboring a fugitive, larceny, leaving the scene, malicious injury/mischief, maintaining a drug house, parole/probation violation, possession of drugs, prostitution, public intoxication, obedience/resisting police officer, obstruction, threats, traffic warrant, trespassing, unlawful use (computer/credit card, telephone), violation (protection, release, ordinance).

No.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

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

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a "career ladder" that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning

Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children's development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

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

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

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

a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers,

preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).

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

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

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

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

Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

6.1.2 Describe how the State provides ongoing training and professional development, provides for a progression of professional development (such as allows an individual to build on entry- and mid-level training and education both in terms of the skills and knowledge they attain but also in terms of credit that leads toward a higher level credential or certification, including articulation agreements) reflecting research and best practice to meet the developmental needs of participating children and improve the quality and stability of the child care workforce:

State/Territory professional standards and competencies.

Describe.

<http://www.okdhs.org/OKDHS%20Publication%20Library/14-32.pdf>, This is the Core Competencies for Out of School Time Programs. All professional development opportunities for child care providers must address one of the core competencies listed in the *Oklahoma Core Competencies for Early Childhood Practitioners* or the *Oklahoma Core Competencies for Out of School Time Practitioners*.

Career ladder or lattice.

Describe.

Oklahoma has in place a Professional Development Ladder that provides a career path for early care and education and out of school time practitioners.

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

Describe.

Articulation agreements exist between Career Technology Centers and community colleges so that practitioners achieving national credentials can attend a community college and after completing courses receive credit toward a certificate and/or an associate's degree in child development. Individual community colleges have one or more articulation agreements with regional universities so that practitioners can move on to achieve bachelor degrees.

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

Describe.

Licensed child care program staff are required to meet professional development requirements annually. The Professional Development Approval System at Oklahoma Professional Development Registry approves training organizations that provide training to meet licensing requirements. Professional Development that meets licensing requirements is aligned to the Oklahoma Core Competencies for Early Childhood Practitioners or the Oklahoma Competencies for Out of School Time Program Practitioners.

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

Describe.

The Oklahoma Professional Development Registry (OPDR) collects workforce data that includes work history, education, professional development, and some compensation information on those receiving salary supplements. Child Care Center Program Directors are required to have an Oklahoma Directors Credential, register the program as a direct care organization and maintain information on the OPDR and ensure personnel and volunteers comply with professional development requirements. Teaching personnel are required to obtain and maintain a current Oklahoma Professional Development Ladder (OPDL). Primary Caregivers and assistants in Family Child Care Home programs that participate in QRIS are required to be members of the OPDR and have a current OPDL.

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

Describe.

DHS has utilized the Early Education and Professional Development Council and the Smart Start Oklahoma Professional Development workgroup to present information to

partner organizations and community stake holders. The Smart Start Workgroup is a subcommittee of the SAC.

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

Describe.

Continuing Education Units are available for trainings provided by the Center for Early Childhood Professional Development. Scholars for Excellence in Child Care provides scholarships to achieve credentials and degrees in Child Development.

- State-approved trainings.

Describe.

A variety of training opportunities are available to all practitioners working in child care and early learning programs through approved training organizations. These are included in the searchable database on Oklahoma Professional Development Registry (okregistry.org)

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

Describe.

- Other.

Describe.

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

Describe.

The State has worked in consultation with an advisory council since 1993. The first advisory council was the Oklahoma Early Childhood Professional Development Team. The State has continued to consult with Smart Start OK and the Early Education Professional Development Council. Identification of areas of improvement and strategic plans have led to the current system of professional development and improvements to the professional development requirements of child care personnel. Membership of council includes representatives from the State Regents for Higher Education, Health Dept., Oklahoma Department of Education, Mental Health and Substance Abuse, Child Care Resource and Referral, Career

Technology, Head Start and Early Head Start, community colleges, universities, early childhood professional organizations etc.

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.

<http://www.acf.hhs.gov/programs/occ/resource/im-2015-01> Training opportunities are linked to the Oklahoma Core Competencies for Early Childhood Practitioners, CDA content, and infant mental health core competencies in the Oklahoma Professional Development Registry. Professional development on the utilization of Oklahoma Early Learning Guidelines for Infants, Toddlers and Twos and Oklahoma Early Learning Guidelines for Three through Five Year Olds is available to any one working in an early learning program. Professional development opportunities include social-emotional behavior intervention models, health and safety standards, and learning environments and curriculum. (okregistry.org)

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.

The general public including child care programs, Head Start, Early Head Start, public pre-kindergarten, tribal child care programs, for profit programs, not for profit programs, etc. have access to the Oklahoma Professional Development Registry that has a searchable database of all trainings available to programs statewide. Other services are available to those licensed child care programs that meet specific program qualifications such as participation in QRIS and income eligibility (Scholarship and salary supplement).

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.

Professional development requirements are appropriate to all child care providers employed in programs serving a variety of age-groups, children with disabilities, and Native American children. CDA classes are available to Spanish speaking providers in addition to a child care training conference conducted annually in Spanish.

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.

Scholarships for early childhood coursework leading toward a national credential, and early childhood college coursework are available through the Scholars for Excellence program with the OK State Regents for Higher Education. Scholar Coordinators with the state community colleges recruit staff working in child care to participate in the program. Participants must meet income and program requirements.

Financial incentives linked to education attainment and retention.

Describe.

Registered apprenticeship programs.

Describe.

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

Describe.

Career Technology Early Care and Education programs work to prepare high school students for employment in licensed facilities. Child Care Licensing recognizes the Career

Technology Competency Certificates as part of acceptable qualifications for child care personnel.

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.

The State contracts with CCR&R for Hispanic outreach activities that are focused on providers and include recruiting potential providers. A flyer written in Spanish is distributed to individuals who have questions about the process to get licensed and contact information of OCCRRA and DHS Licensing. Bilingual specialists and statewide coordinator distribute these flyers in community events geared to the Hispanic community such as job fairs, health fairs, Hispanic Chamber of Commerce or other agencies in the community that serve the Hispanic community. Translation is available in Spanish only.

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

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

Describe.

The Family Child Care Home Licensing Requirementsbook has been distributed to several Spanish speaking potential providers and other providers who speak Spanish by the Oklahoma Child Care Resource and Referral Association and their subcontracted regional agencies. Bilingual referral specialists are housed in the metro regional offices and work with DHS Licensing when translation services are needed for people who are in the process of becoming licensed. An annual statewide Hispanic Child Care Conference is offered in Spanish and where potential providers can start working through their required training hours and have the chance to network with other professionals. The CCR&R website is bilingual, so providers and parents who prefer to read in Spanish can access the child care quality indicators, child development information and access links to relevant information. As licensing specialist positions become available, preference is given when an individual is bilingual. Child Care Services contracts with Language Line Solutions when an interpreter is needed for a client with limited English language skills. The interpreter joins in a conference call for a three-way communication. Interpretation services are available in numerous languages to meet the needs of families and child care providers.
<https://www.languageline.com/interpreting> offers translations within seconds in 240 languages.

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 2012 Census Bureau lists Spanish speaking only individuals living in Oklahoma as 65,280 (2.03% of the population). Child Care Services contracts with Language Line Solutions when an interpreter is needed for a client with limited English language skills. The interpreter joins in a conference call for a three-way communication. Interpretation services are available in numerous languages to meet the needs of families and child care providers. Bilingual referral specialists are housed in the metro regional offices and work with DHS Licensing when translation services are needed for people who are in the process of becoming licensed. An annual statewide Hispanic Child Care Conference is offered in Spanish and where potential providers can start working through their required training hours and have the chance to network with other professionals. The CCR&R website is bilingual, so providers and parents who prefer to read in Spanish can access the child care quality indicators, child development information and access links to relevant information. Translation is available in Spanish only,

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Yes.

The State certifies that no later than March 1, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families.

Describe that training and technical assistance for providers

The Lead Agency has a plan for serving children and families experiencing homelessness, <http://www.okdhs.org/services/cc/Pages/OKChildrenExperiencingHomelessnessPlan.aspx>

Trainings for providers are available at <https://www.okregistry.org/> entitled, *It Takes a Village: Providing Education and Services for Homeless Children and Helping Children Heal from Trauma of Being Homeless*. The Lead Agency also frequently provides *Bridges Out of Poverty* training to programs that contract to provide subsidized care. The training identifies specific strategies for improving outcomes for people living in poverty.

- 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.

State will evaluate the content of the professional development by summarizing evaluations of training offered through the OK PDR and make changes to curriculum accordingly. State will also look at professional development by competencies and determine which content areas require an increase in the number of training events. Additional professional development opportunities will be added to ensure that all areas are available.

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

CCDF funds.

Describe:

Oklahoma uses CCDF funds for quality initiatives

Other funds.

Describe:

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

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

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

Describe:

A variety of training opportunities are available to all practitioners working in child care and early learning programs through approved training organizations included in a searchable Oklahoma Professional Development Registry (okregistry.org) Professional development opportunities include social-emotional behavior intervention models, health and safety standards, and learning environments and curriculum.

- 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:

Training utilizing techniques from Conscious Discipline is available along with *Creating a Positive Social Emotional Climate in Infant/Toddler Rooms*, *Positive Guidance: Helping Children Learn Self-Discipline*, behavior and guidance, prevention of child abuse and neglect, and child development trainings.

- 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:

Training on family and parent engagement is available

- 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:

Training is available on developmentally appropriate learning environments, curriculum content, developmentally appropriate practice, cultural awareness, diversity and Oklahoma Early Learning Guidelines.

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

Describe:

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

Describe:

Training is available on [Self-Assessment, Focus Portfolio, Child Assessment, Program Planning, etc.](#)

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

Describe:

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

Describe:

Training is available on [working with children with disabilities and behavioral issues,](#)

- Supporting positive development of school-age children.

Describe:

Training is available on [characteristics of school-age children, developmental milestones, social development, positive guidance, individual differences, etc.](#) Out-of-School Time program planning, appropriate environments, health and safety and personnel trainings are also available.

- 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:

[Warmline is available for child care provider to access information on children's physical and mental health. Child guidance specialist and a nurse take calls and may](#)

refer provider to child care consultant for on-site assistance.

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

Within one week of employment staff receives orientation (review of requirements, infection control, injury prevention, handling common childhood emergencies, including choking, reportable disease mandatory reporting, child abuse and neglect definition, and mandatory reporting, appropriate use of discipline, transportation and general child passenger safety, diaper changing, shaken baby syndrome or abusive head trauma, infant safe sleep environments and program specific information). Within 90 days the staff receives Entry Level Child Care Training (ELCCT) or equivalent =20 hours. Content includes: Professionalism, Child Development, Guiding Children, Developmentally Appropriate Practice, Guiding Children's Health, Handling Emergencies, Guiding Children's Safety, and Communication. Individuals working as directors of child care centers are required to have an Oklahoma Directors Credential (includes child development, administration, and management professional development).

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

Directors are to obtain 20 clock hours of professional development per employment year. Persons counted toward meeting staff-child ratio are required to obtain 12 hours of professional development per employment year.

b) Licensed Group Child Care Homes

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

The primary caregiver has previously operated a licensed family child care home and

has CPR and health and safety training (disease and injury prevention measures; use of a fire extinguisher; health and safety issues, including shaken baby syndrome; sudden infant death syndrome (SIDS); car seat safety; safeguarding the home, immunizations; the definition, identification, and mandatory reporting of child abuse and neglect; and behavior and guidance methods). Assistant caregiver obtains health and safety training within six months of employment.

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

The primary caregiver is required to complete 15 clock hours of training annually. The assistant caregiver is required to complete 12 clock hours of training annually.

c) Licensed Family Child Care Provider

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

Prior to issuance of the initial permit the primary caregiver obtains CPR and health and safety training (disease and injury prevention measures; use of a fire extinguisher; health and safety issues, including shaken baby syndrome; sudden infant death syndrome (SIDS); car seat safety; safeguarding the home, immunizations; the definition, identification, and mandatory reporting of child abuse and neglect; and behavior and guidance methods).

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

The primary caregiver is required to complete 12 hours of training annually.

d) Any other eligible CCDF provider

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

No preservice training hours are required for license-exempt in-home providers.

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

Within 90 days of approval, the in-home provider must read *The Good Health Handbook- A Guide for Those Caring for Children* at

http://www.ok.gov/health/Child_and_Family_Health/Maternal_and_Child_Health_Service/Child_and_Adolescent_Health/Early_Childhood_/Good_Health_Handbook/. After

the first year of approval, the in-home provider must complete a minimum of 6 hours of training annually, or if caring for a special needs child, the in-home provider must complete an additional 6 hours of training. First aid and CPR certification is required if caring for a child with special needs.

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 center directors may attend Leadership Academy (46 hours) which is designed to increase administration and management skills. The Directors Certificate of Completion is also available at community college which includes business management skills. Directors Entry Level Training is available online. Trainings to strengthen provider's business practices are available on the searchable Oklahoma Professional Development Registry (www.OKRegistry.org).

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

When Oklahoma State Department of Education updates standards or every five years.

- Fully implemented and meeting all Federal requirements outlined above - as of March 1, 2016. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below
- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned

activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

6.3.2 Check for which age group(s) the State has established early learning and development guidelines:

Birth-to-three

Provide a link:

http://www.okdhs.org/NR/rdonlyres/DCBC98D7-48B3-42C3-BEFE-C4ABF6F486AC/0/1023_OklahomaEarlyLearningGuide_occs036mo_04012011.pdf

Three-to-Five

Provide a link:

http://www.okdhs.org/NR/rdonlyres/8D52CAF8-E29E-4C88-8131-FB9F18D46910/0/1054_EarlyLearningGuide_occs__10012010.pdf

Birth-to-Five

Provide a link:

Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards).

Describe and provide a link:

Other.

Describe:

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines.

Describe:

[Resource & Referral Specialists are available to assist child care programs with the utilization of Oklahoma Early Learning Guidelines.](#)

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

Describe:

[Resource & Referral Specialists are available to assist child care programs participating in QRIS.](#)

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

Describe:

Resource & Referral Specialists are available to assist child care programs with implementing Oklahoma Early Learning Guidelines.

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

Describe:

Resource & Referral Specialists are available to assist child care programs with the implementing of Oklahoma Early Learning Guidelines.

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

Describe:

Resource & Referral Specialists are available to assist child care programs with the utilization of Oklahoma Early Learning Guidelines, Oklahoma Academic Standards and adapting them for 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.)

Quality set-aside funds will be used.

- 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

Oklahoma Child Care Services goal is to increase the number of child care programs meeting QRIS criteria thus improving the overall quality of child care. The number of licensed programs participating in the QRIS program has not increased over the last three years. The Lead Agency will focus on initiatives including training and professional development,

technical assistance, salary supplements and higher reimbursement rates to those increasing the quality of early care and education. By improving elements of quality such as teacher education, professional development aligned with early learning guidelines and instruction on providing a learning environment that engages and builds children's skills and abilities the overall program quality will increase. The total number of licensed child care programs is 1537. 67 % of centers are 1 Star + and higher including 14.5% that are 3 Star. The goal is to increase the number of center participants to QRIS by 3% by FFY 2018. The total number of licensed family child care homes is 1915. 55% of family child care homes are 1 Star + and higher including 2% that are 3 Star. The goal is increase the number of family child care participants to QRIS by 3% by FFY 2019.

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.)
QRIS program was implemented statewide in 1998. The program has been revised several times since the inception. Program will be revised in the next three years to add additional stars and quality criteria.
 - Other funds.
Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

- Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3. Indicate which funds will be used for this activity (check all that apply)
 - CCDF funds.
Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
 - 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.)

Other funds.

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

7.2 Quality Rating and Improvement System

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

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

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

QRIS program was implemented statewide in 1998. The program has been revised several times since the inception and is currently being reviewed prior to expansion.

<http://www.okdhs.org/services/cc/Pages/childcareSTARS.aspx>

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.)

In order to have a subsidy contract a center must be meet one star plus or higher criteria, a child care homes may have a subsidy contract at one star.

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:

Licensing standards are minimum criteria. One Star programs are licensed centers and homes that meet minimum requirements set by DHS. One Star Plus, Two Star and Three Star programs agree to meet criteria at higher levels by implementing additional requirements.

- Designed to improve the quality of different types of child care providers and services
- Describes the safety of child care facilities
- Addresses the business practices of programs
- Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
- Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services.

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

The QRIS program offers tiered reimbursement to programs participating in child care subsidy program. Child care programs that meet specific criteria achieve a 1 STAR +, 2 STAR or 3 STAR designation. Child Care Subsidy is reimbursed according to STAR level. A benefit to participating in QRIS includes child care providers working in 1 STAR + and greater facilities may be eligible for CDA, certificate or child development degree scholarships. Information on QRIS is provided to families on the Department of Human Services Child Care Services and Child Care Subsidy program website. <http://www.okdhs.org/programsandservices/cc/stars/> Information is given to families when they apply for child care subsidy and when they contact Child Care Resource & Referral agency regarding assistance with choosing care.

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

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

- Licensed child care centers

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

Describe:

Military and 1 out of state child care facility are also part of the QRIS.

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:

Oklahoma's QRIS program was implemented statewide in 1998. The program has been revised several times since the inception. The Lead Agency will revise the program in the next three years to add additional stars and quality criteria. Child Care Services will convene workgroups to research and determine the criteria that will be utilized. State revenue will be taken into consideration when determining QRIS levels of quality and reimbursement rates. Oklahoma Child Care Advisory committee QRIS standing sub-committee will provide research assistance and serve in an advisory capacity. As criteria and evidence is determined, policy and administrative rule will be developed. Program changes will be provided to the public. Hearings will be held to gather responses to changes and information will be considered in determining final program policy and rules.

Child Care Resource and Referral Association has been contracted to provide assistance to child care facilities to make application to the QRIS program. CCR&R Technical Assistance Specialist will work with programs to advance in levels of quality including 1 Star, permit facilities, and Head Start/Early Head Start programs to meet QRIS criteria. Child Care Resource and Referral Specialist will use Quality Improvement Plans (QIP) to document

goals and progress of technical assistance and coaching services. Services provided to interested child care programs. 3% of child care programs receiving focused technical assistance per year will increase program quality by FFY 2019. The QIPs will be evaluated to determine quality improvements and progress towards application to QRIS.

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:

[Provide on-going professional development opportunities, college coursework and technical assistance on infant/toddler care and Early Learning Guidelines for Infants, Toddlers, & Twos.](#)

- Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care.

Describe:

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

Describe:

- Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.)

Describe:

- 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:

[Licensing requirements contain a section on the Care of Infants, Toddlers & Two Year Olds .](#)

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

Describe:

[Early Learning Guidelines for Infants, Toddlers and Twos is available for family and child care provider use.](#)

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

Describe:

- Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being.
Describe:

- Other.
Describe:

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

Describe:

The Lead Agency will monitor the number of programs in QRIS and anticipate an increase in the percentage of programs participating as a result of the additional technical assistance and professional development. Child Care Resource and Referral Specialist will use Quality Improvement Plans (QIP) to document goals and progress of technical assistance and coaching services. Services provided to interested child care programs. 5% of child care programs receiving focused technical assistance per year will increase program quality by FFY 2019. The QIPs will be evaluated to determine quality improvements.

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 CCR&R system is created in response to an RFP for statewide services. Oklahoma contracts with the Oklahoma Child Care Resource and Referral Association to provide services statewide. The organization contracts with eight regional offices to provide 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:

The Lead Agency monitors CCR&R contract for compliance. The Resource & Referral agencies provide training and professional development, technical assistance to child care providers, assist families with child care information and make referrals to child care programs. All activities are designed to impact quality of care. Referral contacts include: assisting families with understanding the elements of quality, QRIS program, child care subsidy program, characteristics of child care centers and family child care homes, and determining what is the best fit for the family's needs. Quarterly reports, evaluations of trainings and technical assistance are reviewed for compliance with the contract.

7.5 Facilitating Compliance with State Standards

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards?

Describe:

The Lead Agency provides ongoing consultation services through licensing services. Licensing specialists provide training on licensing requirements. If facility visits indicate there is difficulty with compliance, licensing specialist consult with program and determine with the program what additional assistance is needed. Program may receive a Notice to Comply, invited to an office conference, receive additional monthly visits, attend specific professional development or receive a consent agreement. These tools may be used to impact compliance.

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

Describe:

The Lead Agency can document number of program consent agreements along with the outcomes to determine if additional assistance has resulted in compliance.

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings.

Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children

The Lead Agency measures quality of child care program services through the QRIS system and documenting the number of programs that meet each level of the system. Programs are reevaluated at a minimum annually to ensure the program is meeting quality criteria.

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

Describe:

The Lead Agency will monitor the number of programs in QRIS and anticipate an increase in the percentage of programs participating as a result of the additional technical assistance and professional development. Programs are reevaluated at a minimum annually to ensure the program is meeting quality criteria. Two STAR programs conduct a self-evaluation. The results of these evaluations are used by the program to establish goals for continuous quality improvement.

7.7 Accreditation Support

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

Yes, the State/Territory has supports operating State/Territory-wide.

Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation

Yes, the State/Territory has supports operating as a pilot or in a few localities

Describe:

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

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

Describe:

N/A

7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development?

Please describe:

N/A

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:

N/A

7.9 Other Quality Improvement Activities

7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten.

The Warmline for Oklahoma Child Care Providers offers free telephone consultation to child care providers on numerous behavioral and health topics of interest to child care personnel. A child guidance specialist and registered nurse are available Monday-Friday from 8AM-5PM to answer calls. Consultants can offer assistance and refer providers to appropriate services and resources within their communities. Child care providers may also listen to pre-recorded messages available 24 hours a day on a variety of topics related to child care, health, and development. Child Care Consultation is also available to child care personnel that need additional assistance from a mental health professional. Child Care Services contracts with the Oklahoma State Department of Health for the Warmline and Mental Health Consultation Services. Consultation services are evaluated to determine success with reducing expulsion of children from child care and providing techniques to provider to assist with working with children that have challenging behavior.

http://www.ok.gov/health/Child_and_Family_Health/Child_Guidance_Service/Child_Care_Warmline/

The Scholars for Excellence in Child Care program awards scholarships to eligible child care professionals to complete coursework in the area of child development or early childhood education. Assistance is also available to complete the Child Development Associate (CDA)

and Certified Childcare Professional (CCP) Credential Assessment. These scholarships enable child care providers in Oklahoma to improve their skills through education and continue the availability of quality child care in local communities. The Scholars program assists child care providers with not only scholarships for education but also navigating the scholarship requirements, applications and enrollment and provide support and advisement to those working towards certificates, credentials and degrees in child development. Scholar Coordinators recruit child care providers to attend classes and coursework at Career and Technology Centers and Oklahoma Community Colleges. Child Care Services contracts with the Oklahoma State Regents for Higher Education for not only the scholarship, but also the assistance with recruitment and continued support of the student. The Scholars Program evaluates participant retention and impact of education on the early childhood workforce. <http://www.okhighered.org/scholars/>

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

8.1.1 Describe how the State ensures that their definitions for violations have been modified, staff trained, and program integrity procedures revised to reflect new requirements.

Describe:

The Lead Agency reviewed and updated policies and procedures to ensure alignment with new requirements and modified definitions. As policies and procedures are updated, staff will receive training.

Oklahoma's definition of a violation or error has not changed due to the reauthorization. Errors are based on application of current policy at the time of the case record review. Eligibility staff will be trained on policy changes due to the reauthorization by various methods including online videos, quizzes, and training articles. Staff will be trained via email broadcast messages and back to basics trainings in the local DHS offices. In addition, the Improper Payments Record Review Worksheet will be updated to show the new requirements, and quality control staff who conduct the Improper Payment reviews will be trained.

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements.

Check all that apply.

- Issue policy change notices
- Issue new policy manual
- Staff training
 - Orientations
 - Onsite training
 - Online training

- Regular check-ins to monitor implementation of the new policies.

Describe:

Supervisors review staff work .

- Other.

Describe:

Quality Assurance reviews are completed annually with licensing supervisory units. The review of cases and policy implementation is to confirm consistency and accuracy in policy application.

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:

N/A

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency.

Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

Run system reports that flag errors (include types)

Describe:

Eligibility staff regularly run data exchange reports to address any discrepancies generated by share/match data. Share/match data includes information collected from databases of other agencies such as Oklahoma Employment Securities Commission (OESC) for previous quarterly wages, current unemployment benefits, state new hires; SSA; and the IRS.

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other.

Describe:

None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))

Run system reports that flag errors (include types)

Describe:

Eligibility staff regularly run data exchange reports to address any discrepancies generated by share/match data. Share/match data includes information collected from databases of other agencies such as Oklahoma Employment Securities Commission (OESC) for previous quarterly wages, current unemployment benefits, state new hires; SSA; and the IRS.

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other.

Describe:

None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory?

The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount:

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe:

The Office of Inspector General conducts audits, investigations and refers client and provider overpayments for collection. AFS Benefit and Recovery Unit establish and collect client overpayments. Finance Division Electronic Payment System Unit establishes and collects provider overpayments.

- Other.

Describe:

- None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount:

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans

- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe composition of unit below

The Office of Inspector General conducts audits, investigations and refers client and provider overpayments for collection. AFS Benefit Integrity Recovery Unit establishes and collect client overpayments. Finance Division Electronic Payment System Unit establishes and collects provider overpayments.

- Other.

Describe:

- None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, include action steps and completion timelines:

c) Check which activities the Lead Agency will use for administrative error?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount:

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe composition of unit below

The Office of Inspector General conducts audits, investigations and refers client and provider over payments for collection. AFS Benefit Integrity Recovery Unit establishes and collects client overpayments. Finance Division Electronic Payment System Unit establishes and collects provider overpayments.

Other.

Describe:

None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

Disqualify client.

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

Disqualify provider.

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

Providers may request an administrative review of any disqualification by the DHS Adult and Family Services Deputy Director for Programs.

Prosecute criminally

Other.

Describe:

Overpayments over \$500 may be sent to the District Attorney for prosecution review when the Office of Inspector General suspects intentional fraud. The District Attorney determines if prosecution is appropriate.