

Virgin Islands 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 Virgin Islands 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 Virgin Islands 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 Virgin Islands CCDF Plan - The Plan describes the CCDF program to be administered by Virgin Islands 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 Virgin Islands 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

Vivian I. Ebbesen-Fludd, Commissioner
Virgin Islands Department of Human Services
#3011 Golden Rock Christiansted
St. Croix, V.I. 00820

Dear Commissioner Ebbesen-Fludd:

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 Virgin Islands 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 Virgin Islands CCDF Plan will be approved without conditions. OCC gave careful consideration to the statutory conditions outlined in the Act, as well as the length of time requested, with the goal of having all provisions related to the Act fully implemented by October 1, 2018 corresponding to the start of the FY2019-2021 CCDF Plan period.

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

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

You will receive a Notice of Grant Award in October 2016 from the Office of Administration in the Administration for Children and Families. The notice will include the amount of your award and any additional terms and conditions for the receipt of CCDF program funds. During the effective period of this plan, any substantial changes to the Virgin Islands 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 Magdamari Marciano, Child Care Program Manager, Office of Child Care at (212) 264-2890 or Magdamari.Marciano@acf.hhs.gov. Thank you for all you do each day for children and families.

Sincerely,

Rachel Schumacher
Director
Office of Child Care

cc: Telsalda Josiah, Assistant Commissioner
Beverly Woodruff, Acting Administrator - Office of Child Care & Regulatory Services
Magdamari Marciano, Regional Program Manager, Office of Child Care Region II

Child Care and Development Fund (CCDF) Plan For Virgin Islands 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: [Virgin Islands Department of Human Services](#)

Address of Lead Agency: [#3011 Golden Rock, Christiansted, St. Croix, V.I. 00820](#)

Name and Title of the Lead Agency Official: [Vivian I. Ebbesen-Fludd, Commissioner](#)

Phone Number: [\(340\) 718-2980 \(St. Croix\) or \(340\) 774-1166 \(St. Thomas\)](#)

E-Mail Address: vivian.ebbesen-fludd@dhs.vi.gov

Web Address for Lead Agency (if any): www.dhs.gov.vi

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: [Mrs. Telsalda Josiah](#)

Title of CCDF Administrator: [Assistant Commissioner](#)

Address of CCDF Administrator: [#3011 Golden Rock, Christiansted, St. Croix](#)

Phone Number: [\(340\) 718-2980 \(St. Croix\) or \(340\) 774-1166 \(St. Thomas\)](#)

E-Mail Address: telsalda.josiah@dhs.gov.vi

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

Name of CCDF Co-Administrator: [Mrs. Beverly Woodrupp](#)

Title of CCDF Co-Administrator: [Acting Administrator - Office of Child Care & Regulatory Services](#)

Phone Number: [\(340\) 773-2323 x 2115](#)

E-Mail Address: beverly.woodrupp@dhs.vi.gov

Description of the role of the Co-Administrator:

[The Role of the Acting Administrator is to oversee the Office of Child Care & Regulatory Services, which is responsible for the Licensing, Subsidy & Quality units across the Virgin Islands.](#)

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any): [\(340\) 773-2323 or \(340\) 774-0930](#)

Web Address for CCDF program (for the public) (if any): www.dhs.gov.vi/OCCRS

Web Address for CCDF program policy manual (if any): www.dhs.gov.vi/OCCRS

Web Address for CCDF program administrative rules (if any): [N/A](#)

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

Outreach and Consumer Education (section 2)

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

Name of Lead Contact [Beverly Woodrupp- Acting Administrator/Director of Subsidy, Valerie Price-Jones - Director of Licensing & Carla Perkins - Director of Quality](#)

Subsidy/Financial Assistance (section 3 and section 4)

Agency/Department/Entity [Department of Human Services - Office of Child Care & Regulatory Services](#)

Name of Lead Contact [Beverly Woodrupp - Director of Subsidy](#)

Licensing/Monitoring (section 5)

Agency/Department/Entity [Department of Human Services - Office of Child Care & Regulatory Services](#)

Name of Lead Contact [Valerie Price-Jones - Director of Licensing](#)

Child Care Workforce (section 6)

Agency/Department/Entity [Department of Human Services - Office of Child Care & Regulatory Services](#)

Name of Lead Contact [Carla Perkins - Director of Quality](#)

Quality Improvement (section 7)

Agency/Department/Entity [Department of Human Services - Office of Child Care & Regulatory Services](#)

Name of Lead Contact [Carla Perkins - Director of Quality](#)

Grantee Accountability/Program Integrity (section 8)

Agency/Department/Entity [Department of Human Services - Office of Child Care & Regulatory Services](#)

Name of Lead Contact [Beverly Woodrupp - Director of Subsidy](#)

[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.

Temporary Assistance for Needy Families (TANF) staff refer parents for child care assistance based on parental choice; however, if assistance is needed to identify a provider, the OCCRS - Subsidy, Resource & Referral Services staff, provides a list of participating providers for parents selection.

Other State/Territory agency.

Describe.

Local government agencies such as county welfare or social services departments

Describe.

Protective Services & Foster Care staff refers parents for child care assistance base on parental choice; however, if assistance is needed to identify a provider, the OCCRS - Subsidy, Resource & Referral Services staff, provides a list of participating

providers for parents selection.

Child care resource and referral agencies

Describe.

Community-based organizations

Describe.

Other.

Describe.

c) Who issues payments?

CCDF Lead Agency

TANF agency

Describe.

Other State/Territory agency.

Describe.

Local government agencies such as county welfare or social services departments

Describe.

Child care resource and referral agencies

Describe.

Community-based organizations

Describe.

Other.

Describe.

1.3 Consultation in the Development of the State Plan

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

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

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

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

Describe:

The Virgin Islands consulted with entities and agencies deemed appropriate by the lead agency, as the Early Childhood Advisory Council (ECAC) is currently inactive. The Virgin Islands presented the draft for review with the Department of Health and the Department of Education.

- [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:

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

The Department shared the draft of the plan with our early childhood stakeholders at the Department of Health and Education and community group, The Community Foundation. This allowed them to add comment and input in fine tuning the plan. We also shared with our internal partners such as those in the TANF/JOBS and Intake Unit.

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

Describe, including which Tribe(s) you consulted with

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

State/Territory agency responsible for public education.

Describe:

The Virgin Islands Department of Human Services consulted with representatives from public and private education entities for input and contribution to the Plan.

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

Describe:

The Virgin Islands Department of Human Services consulted with representatives from the Infants & Toddlers Program for input and coordination to ensure access to this population.

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

Describe:

The Virgin Islands Department of Human Services consulted with the University of the Virgin Islands for input and coordination.

State/Territory agency responsible for child care licensing.

Describe:

The Virgin Islands Department of Human Services, Office of Child Care & Regulatory Services - Licensing Unit provided input in the areas of licensing, health and safety, monitoring and disaster preparation and will review the final document upon completion.

State/Territory office/director for Head Start State collaboration

Describe:

The Department of Human Services, Head Start program will participate in reviewing the final version of the State Plan and will provide input accordingly.

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

Describe:

The Early Head Start program will review the State Plan and provide input accordingly.

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:

The Department has consulted with the Home Visited Program for input and coordination.

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

Describe:

The Department has consulted with the Department of Health and Education for input and coordination of services to children and families.

McKinney-Vento State coordinators for Homeless Education.

Describe:

The Department of Human Services - Homeless Unit provided input and reviewed the final document. The Homeless unit will submit referrals to the Subsidy Unit for child care assistance to homeless families.

State/Territory agency responsible for public health.

Describe:

State/Territory agency responsible for mental health.

Describe:

State/Territory agency responsible for child welfare.

Describe:

The Department of Human Services - Office of Intake & Emergency Services will continue to provide referral for protective services families and provided input and reviewed the final document.

State/Territory liaison for military child care programs.

Describe:

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

Describe:

The Department of Human Services, Office of Child Care & Regulatory Services, Quality Unit provided input specific to Professional Workforce Development and Support Continuous Quality Improvement and reviewed the final document.

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

Describe:

The Department of Human Services, Financial Program - Jobs program continues to refer TANF families for services and provided input which was incorporated into the Plan and reviewed the final document .

State/community agencies serving refugee or immigrant families.

Describe:

Child care resource and referral agencies.

Describe:

The Department of Human Services, Office of Child Care & Regulatory Services, Subsidy, Resource & Referral Services Unit provided input specific to Promoting Family Engagement through outreach and consumer education, Providing stable child care financial assistance to families and Ensuring program integrity and accountability and reviewed the final document.

Provider groups or associations.

Describe:

A group of licensed and regulated providers across the territory provided input and reviewed the final document.

Worker organizations.

Describe:

Parent groups or organizations.

Describe:

A parent group across the territory provided input and reviewed the final document.

Other.

Describe:

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

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

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

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

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

[Public notices was posted to the www.dhs.gov.vi; public services announcements, e-mailed, public libraries and flyers.](#)

c) Date(s) of public hearing(s): [02/23/2016](#)

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 [Department of Human Services, Herbert Grigg Homes for the Ages on February 23, 2016 on St. Croix, Sugar Estate Head Start on February 24, 2016 on St. Thomas & St. John Multipurpose Center on February 25, 2016 on St. John.](#)

e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) [A draft plan will be posted on the DHS website www.dhs.gov.vi on February 1, 2016 and public can read the draft plan at the Department of Human Services locations across the territory.](#)

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? [A draft plan will be posted on the DHS website at www.dhs.gov.vi on February 1, 2016 and the public can read the draft plan at the Department of Human Services locations across the territory.](#)

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

Working with advisory committees.

Describe:

Working with child care resource and referral agencies.

Describe:

The Office of Child Care & Regulatory Services - Subsidy, Resource & Referral unit will make the CCDF Plan and Plan Amendments, available to the public at DHS office locations across the territory.

Providing translation in other languages.

Describe:

The CCDF Plan and Plan Amendments will be translated accordingly, across the territory as requested.

Making available on the Lead Agency website.

List the website:

The CCDF Plan and Plan Amendments will be listed on the Department of Human Services website for public review: www.dhs.gov.vi.

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

Describe:

The Department has established a provider e-mail listing. Providers across the territory will receive an email with the CCDF Plan and Plan Amendments upon availability.

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

Describe:

Stakeholders will be notified via e-mail regarding the CCDF Plan and Plan Amendments respectively.

Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

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

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

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

Describe:

The Department continues to support and work with Head Start, Department of Education and private child care facilities to make available slots to ensure that children in preschool receive quality and timely child care assistance.

- [REQUIRED IF APPLICABLE] Tribal early childhood programs.

Describe, including which Tribes coordinating with:

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

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

Describe:

The Department will continue to ensure that infants and toddlers with disabilities are provided with quality child care. The Department will also continue to collaborate with the Department of Health's infants and toddlers program, the Department of Education Special Education to ensure that this vulnerable population needs are met.

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

Describe:

The Department will continue to work with Head Start and private child care programs to ensure that programs serving homeless children are provided with the necessary resources..

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

Describe:

The Department will continue to work with the Foster Care program under the Department of Human Services to provide quality child care services, upon referral request.

- State/Territory agency responsible for child care licensing.

Describe:

The Department's Licensing Unit will continue to provide the necessary licensing, monitoring and regulatory services required to providers.

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

Describe:

The Department will continue to collaborate with the Head Start program to provide training, quality child care and other established partnerships.

- State Advisory Council authorized by the Head Start Act.

Describe:

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

Describe:

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

Describe:

The Department will continue to work with it's internal and external homeless agencies to provide referral for services for homeless children.

- Child care resource and referral agencies.

Describe:

The Department's, Office of Child Care & Regulatory Services - SR&R program will continue to provide child care subsidies to eligible families and serve the priority populations.

- State/Territory agency responsible for public education.

Describe:

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

Describe:

The Department is partnering with the University of the Virgin Islands to improve the child care workforce and provide on-site child care facilities.

- 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 Childhood Home Visitation programs grant.

Describe:

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

Describe:

State/Territory agency responsible for public health.

Describe:

State/Territory agency responsible for mental health.

Describe:

State/Territory agency responsible for child welfare.

Describe:

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 Department continues to work with TANF to provide child care services to children and families.](#)

State/Territory community agencies serving refugee or immigrant families

Describe:

Provider groups or associations.

Describe:

Worker organizations.

Describe:

Parent groups or organizations.

Describe:

Other.

Describe:

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O))(ii) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits (https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

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

Yes, If yes, describe at a minimum:

How do you define "combine"

Which funds will you combine

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

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

How are the funds tracked and method of oversight

No.

1.6 Public-Private Partnerships

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

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

delivery systems for child care and development services and to increase the supply and quality of child care services.

The Department has partnered with the University of the Virgin Islands to provide research on preschoolers across the territory, via the Child Care Partnership Research Grant. This grant was put in place to assess the progress of the Pilot QRIS in improving the quality of child care in preschoolers. Additionally, the Department received local government appropriation to conduct a QRIS pilot and the local government continues to support quality child care annually. The VI Department of Labor is collaborating with the Office of Child Care and Regulatory Services to improve the child care workforce. One of the current initiatives is providing funding for CDA scholarships to child care providers.

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

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

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

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

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

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

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

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

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

1.8 Disaster Preparedness and Response Plan

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

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

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

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

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

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

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

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

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

- The Virgin Islands has substantially implemented a Disaster Preparedness Plan. The Department has collaborated with FEMA to plot the Global Positioning System (GPS) coordinates for all child care facilities across the territory. Additionally, the Department's Disaster Plan guide for child care facilities is being updated to include designated safe zones based on the nature of the disaster. Several disaster informational trainings were conducted and disaster preparedness items were provided, such as emergency radios, horns, flashlights, etc.
- Virgin Islands has a Disaster Plan that entails procedures to be followed before, during and after a disaster.
- Temporary Shelt - July 30, 2016 (the Department is the lead agency as it relates to disaster in the V.I.)
- Financial Assistance to Providers - August 2016 (further collaboration and guidance is needed from Fiscal and Finance offices)

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

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

The Virgin Islands is in the process of identifying temporary shelter locations for sites throughout the territory. Further planning is needed to determine temporary operating procedures to ensure continuity of CCDF financial assistance; however, provisions are being made to utilize the unit's laptops, as well as manual processes to ensure continuity of services .

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

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

Agency - Who is responsible for complete implementation of this activity The Department of Human Services, Office of Child Care & Regulatory Services.

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

Partner agencies to include: VITEMA, Red Cross & Fire Services.

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?)

Families are identified and informed of the availability of services based on their income, child care needs, and referral process from internal units. Referrals are received regularly from the TANF, Foster Care & Protective Services Unit. Additionally, electronic, verbal and public information is available.

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

The Head Start, Early Head Start, TANF, SNAP, Intake & Emergency Services, Foster Care & Protective Services programs, as well as the Department of Education are all partners who assist with outreach.

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

Outreach includes various strategies such as DHS website, face to face, PSA campaign, conferences and community fairs venues, to inform the community of the available services .

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

Electronically via online application, mobile app or email.

Provide link Parents may submit documents via staff e-mail addresses and may submit application upon the availability of online site.

In-person interview or orientation.

Describe agencies where these may occur:

Parents conducts interview in-person at the Department of Human Services, Office of Child Care & Regulatory Services located on three islands - St. Croix, St. Thomas & St. John.

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

Describe:

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

Describe:

The Department of Human Services is in the process of coordinating and developing a joint eligibility system which will streamline the application process and link child care parents to other benefit programs.

- Other strategies.

Describe:

[2.2 Consumer Education Website](#)

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

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

- information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),

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

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

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

Overall Target Completion Date (no later than September 30, 2016) [To ensure that the task/activities are met, staff and resources are needed and on-going meetings are being conducted to ensure implementation](#)

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

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

[The current system is partially implemented; however, funding is needed to build, design and maintain the system. Continued collaboration and consultation are on-going. During recent meetings, the Department is still having ongoing communications with the local Bureau of Information and Technology \(BIT\) to upgrade the website, dates are pending. In the interim, Licensing, Subsidy and Quality units will provide updated information to be posted on the current website effective April 30 through September 30, 2016.](#)

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

The Department continue to partner with the MIS unit, Department of Education, the University of the Virgin Islands, the Department of Health, Labor, Vitema, Red Cross, FEMA, Fire and Department of Planning and Natural Resources and other public and private entities that provides child care services to families.

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 relative to child care quality is provided by in-person communication, electronic means, brochures, community outreach, training and PSA.

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

Information is provided in-person communication, electronically, by written material, community outreach, training and PSA.

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

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

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

a) Temporary Assistance for Needy Families (TANF)

The Department shares vital information with eligible parents about other Human Services programs, from front line workers, the department's website, and other internal and external partners. In the near future the department's Integrated Eligibility System will incorporate all low income services to include child care subsidies.

b) Head Start and Early Head Start Programs

The Department shares information with eligible families via front line workers, the department's website, the Subsidy, Resource & Referral unit and other internal and external entities .

c) Low Income Home Energy Assistance Program (LIHEAP)

The Department shares information with eligible families via front line workers, the department's website, the Subsidy, Resource & Referral unit and other internal and external entities.

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

The Department houses a number low income programs to include SNAP. Information is shared on the department's website, front end workers, Subsidy, Resources & Referral office and other internal and external entities.

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

Parents are informed about the WIC program via the media, front end workers and other internal and external resources.

f) Child and Adult Care Food Program(CACFP)

Parents are informed of the availability of child food program from front line workers and provider outreach.

g) Medicaid

The MAP program is housed under the Department and parents are informed electronically, from front line workers and internal and external entities.

h) Children's Health Insurance Program (CHIP)

Parents will be provided with information about the CHIP program via the Departments website, upon availability.

i) Individuals with Disabilities Education Act (IDEA)

Parents are inform about the available services for children with disabilities from front line

workers and from personnel at the Department of Education and Health.

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

N/A

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

Upon the completion of the Joint Integrated Eligibility System, many low income programs will be available via electronic means. Additionally, referrals will be submitted to the Department of Health.

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)

Information relative to TANF /Jobs participants is shared with providers and parents to ensure child care assistance needs are met. The public has access through the Departments' website, training brochures on child development, safe sleep, developmental milestones and helping children cope with disasters. Community outreach is done through participation in Agricultural Fair to share our brochures and best practices with the community. Another example is our collaboration with Head Start to provide access to provider and parents on transition from preschool to kindergarten.

b) Head Start and Early Head Start Programs

Information relative to Head Start is shared with providers to ensure child care assistance needs are met. Front line workers, the Departments' website, training, brochures and community outreach are all medium in which the information is provided.

c) Low Income Home Energy Assistance Program (LIHEAP)

Information relative to Low Income Home Energy Assistance is shared with providers to ensure child care assistance needs are met. Front line workers, the Departments' website,

training, brochures and community outreach are all medium in which the information is provided.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)
Information relative to SNAP is shared with providers to ensure child care assistance needs are met. Front line workers, the Departments' website, training, brochures and community outreach are all medium in which the information is provided.

e) Women, Infants, and Children Program (WIC)
Information relative to WIC is shared with providers to ensure child care assistance needs are met. Front line workers, the Departments' website, training, brochures and community outreach are all medium in which the information is provided.

f) Child and Adult Care Food Program (CACFP)
Information relative to CACFP is shared with providers to ensure child care assistance needs are met. Front line workers, the Departments' website, training, brochures and community outreach are all medium in which the information is provided.

g) Medicaid
Information relative to Medicaid is shared with providers to ensure child care assistance needs are met. Front line workers, the Departments' website, training, brochures and community outreach are all medium in which the information is provided.

h) Children's Health Insurance Program (CHIP)
Information relative to CHIP is shared with providers to ensure child care assistance needs are met. Front line workers, the Departments' website, training, brochures and community outreach are all medium in which the information is provided

i) Individuals with Disabilities Education Act (IDEA)
Information relative to IDEA is shared with providers to ensure child care assistance needs are met. Front line workers, the Departments' website, training, brochures and community outreach are all medium in which the information is provided

j) Other State/Federally Funded Child Care Programs (example-State Pre-K)
The Virgin Islands does not have Pre-K as part of the child care program; however, other child care programs information is provided by community outreach and other informational medium.

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)
Information relative to early childhood programs is shared with providers to ensure child care assistance needs are met. Front line workers, the Departments' website, training, brochures and community outreach are all medium in which the information is provided

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 Department is sharing information regarding research and best practices in child development to parents, providers and the general public as required. The public has access through the Departments' website, training brochures on child development, safe sleep, developmental milestones and helping children cope with disasters. Community outreach is done through participation in Agricultural Fair to share our brochures and best practices with the community. Another example is our collaboration with Head Start to provide access to provider and parents on transition from preschool to kindergarten.

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

The information will be provided in written material, direct communication, trainings and by electronic means when it becomes available.

The public has access through the Departments' website, training brochures on child development, safe sleep, developmental milestones and helping children cope with disasters. Community outreach is done through participation in Agricultural Fair to share our brochures and best practices with the community. Another example is our collaboration with Head Start to provide access to provider and parents on transition from preschool to kindergarten

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

The Department will partner with Head Start, Department of Education, and the University of the Virgin Islands to ensure proper technical assistance as it relates to best practices in the

various areas.

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 Virgin Islands Department of Human Services is currently implementing the social-emotional/behavioral and early childhood mental health of young children by providing training brochures on child development and developmental milestones. Parents are also contact through the providers and in collaboration with Head Start, Early Head Start and the Department of Health.

ii. Providers

The Virgin Islands Department of Human Services is currently implementing the social-emotional/behavioral and early childhood mental health of young children by providing written material, direct contact and training material, as required. We are doing this through implementing training on our Early Learning Guidelines.

iii. General public

The Virgin Islands Department of Human Services is currently implementing the social-emotional/behavioral and early childhood mental health of young children by providing written material, direct contact and training material and collaborate with the Department of Health and Education..

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

The partners are the Department of Health, Education and Head Start.

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

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

Yes.

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

No.

School-age children from programs receiving child care assistance?

Yes.

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

No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

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

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

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

List the Lead Agency policy citation(s) and:

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

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

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

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

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

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

[The Department has partially implemented the requirements by referring children for developmental screening, to be put into policy.](#)

Unmet requirement - Identify the requirement(s) to be implemented [Establish procedures to provide information to families and providers \(1\) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act \(42 U.S.C. 1396 et seq.\) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act \(20 U.S.C. 1419, 1431 et seq.\);](#)

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

agencies, etc.)

The Department will coordinate with its internal and external partners for strategic planning on developmental screenings and policies. Access to Developmental Screening will tentatively be conducted with Department of Education - Infant and Toddlers & Disability Council partners on May 31 and June 30, 2016, and a meeting with the Department's personnel will be conducted May 25, 2016.

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

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

Agency - Who is responsible for complete implementation of this activity The Virgin Islands - Department of Human Services, Office of Child Care & Regulatory Services.

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

The Virgin Islands Department of Health and Education.

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

The Department defines substantiated parental complaints based on the outcomes of the findings.

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

The Department maintains an indefinite record, based on the life of the facility.

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

The Department allows for the complaints to be viewed in person.

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

The Department allows for the general public to make anonymous complaints.

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible

families for whom English is not their first language?

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

- Application in other languages (application document, brochures, provider notices)
 - Informational materials in non-English languages
 - Training and technical assistance in non-English languages
 - Website in non-English languages
 - Lead Agency accepts applications at local community-based locations
 - Bilingual caseworkers or translators available
 - Bilingual outreach workers
 - Partnerships with community-based organizations
 - Other
-
- None

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

The Department has the ability to translate/interpret in Spanish, French Creole and sign language to persons in need of these interpretations.

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

The Virgin Islands Department of Human Services houses the Vocational Rehabilitation Disability Services and the Office of the Governor Virgin Islands American with Disabilities (ADA) program provides outreach.

2.3 Website for Consumer Education

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

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

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

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

Provide the link to the website:

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

- a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe
- b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe
- c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe
- d) Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe

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

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

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

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

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

[The Department is partially completed and in process to implement. Inspections report dates are currently pending and is contingent upon the pending system upgrades; however, the manual documents will be submitted to be posted in the interim from May 30, 2016 and every month thereafter to ensure timely compliance.](#)

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

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

[The Virgin Islands Department of Human Services has implemented health and](#)

safety requirements and licensing or regulatory requirements for child care providers. The Department has also implemented licensing, background checks, monitoring, 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.

The Department will implement the following unmet requirements: Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (is provided manually), and offenses that prevent individuals from being providers.

The information is currently available manually, but will be posted accordingly.

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

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

Agency - Who is responsible for complete implementation of this activity The Virgin Islands Department of Human Services, Office of Child Care & Regulatory Services.

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

The Department of Human Services Management and Information Systems (MIS) and the Bureau of Information Technology (BIT)

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 **Birth** (weeks/months/years) to **Twelve** years (through age 12).

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



Yes, and the upper age is **19** (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity: [The Virgin Islands definition of](#)

physical or mental incapacity is a child with special needs who is incapable of taking care of him or herself, and who has been diagnosed by a physician to be incapable of taking care of him or herself without the aid and supervision of someone else in order to conduct normal functions. The following conditions which may adversely affect the child's physical ability to function normally include total visual, hearing and mentally impaired, severe autism or physically handicapped.

No

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

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

No.

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

a) residing with -

Living in the permanent or temporary residence of the parent by blood, marriage, adoption or legal guardian standing in loco parentis.

b) in loco parentis -

Any person who assumes the responsibility for the child and is documented from a court, or legal entity or agency.

3.1.3 Eligibility Criteria Based on Reason for Care

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

* working:

Parents or guardian who are physically "working" must be employed or self employed and have a verification of employment and receives a wage or salary for employment or tax documentation. A parent, who works less than 30 hours per week, shall be considered as a part-time working parent.

* attending job training

Any persons who are participating with the TANF-Jobs program or other local entity that provides training for at least 30 hrs. per week.

* attending education

Any person who are actively attending a school, University or educational program, for which written documentation is confirmed by an education institution or agency and verified by the Department of Human Services.

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

Yes.

No.

If no, describe additional requirements

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

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

1) Definition of protective services -

Services on behalf of a child who has been named in an alleged or substantiated complaint of abuse, neglect or abandonment, or who may be in danger of such circumstances as substantiated by a case worker.

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

Yes.

No.

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

No.

3.1.4 Eligibility Criteria Based on Family Income

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

* Definition of income -

For the purposes of determining eligibility, income is defined as the gross income of the custodial parent/legal guardian gained through earned or self-employment income and or income from the applicant's spouse, children's father or significant other if they reside in the household.

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	0	0	N/A	N/A	N/A	N/A
2	\$2,976	\$2,530	N/A	N/A	N/A	N/A
3	\$3,238	\$2,752	N/A	N/A	N/A	N/A
4	\$3,499	\$2,974	N/A	N/A	N/A	N/A
5	\$3,761	\$3,197	N/A	N/A	N/A	N/A

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the

program. Federal [poverty guidelines](http://aspe.hhs.gov/poverty/index.cfm) are available at <http://aspe.hhs.gov/poverty/index.cfm>.

c) SMI Source and year [Bureau of Economic Research - 2012](#)

d) These eligibility limits in column (c) became or will become effective on: [N/A](#)

e) Provide the link to the income eligibility limits www.dhs.gov

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

[Graduated phase out is not applicable in the Virgin Islands, as the federal threshold is 85% of state median income. The Graduated phase-out citation is currently not cited in the VI Policy Manual as the manual will updated by July 30, 2016 to include this policy.](#)

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

3.1.6 Fluctuation in Earnings

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

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

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

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

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

Provisions and policies are available for parents who work seasonally, irregularly or fluctuates over the course of a year, as the Virgin Islands is a premier travel destination during peak tourist season. Additionally, if parent do not have sufficient hours to maintain sufficient hours to maintain eligibility, they are allowed to volunteer or attend school or training program to maintain at least 30 hours per week. Lastly, they are allowed to combined hours (school and work or work & volunteer) to ensure continuity of child care services.

16:12 GRACE PERIODS

A grace period consists of three (3) months of consecutive allowance of continued child care services, due to client temporary disruption or interruption of existing activities to include:

- Client completed course study
- Displaced worker (company closure)
- Economic slowdown or reduction in work hours (under 30 hrs.)
- Maternity and Military Leave
- School close for summer vacation
- Terminated worker
- Seasonal workers

The grace period allows for the client to seek another activity within a 3 months period while the child is being cared for.

- 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:

The program maintains a case file containing parent or custodial birth certificate, passport

and or a picture identification and other pertinent documents.

Applicant's relationship to the child.

Describe:

The program maintains a birth certificate for the child and the child's immunization or exemption record.

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

Describe:

The child's birth certificate is used to determine age eligibility and verification of parent on birth certificate.

Work.

Describe:

The parent/custodian must provide an income verification, 2 last check stubs or a self-employment tax documentation for verification purposes .

Job Training or Educational Program.

Describe:

The parent or guardian must provide a letter or documentation from the registrar's office verifying that the parent/custodian is actively attending a job training or educational program.

Family Income.

Describe:

The family income is provided for both parents residing in the same household, whose responsible for the care of the child. All income in the household is used to determine eligibility, except household of extended relatives such as the applicant's parents, grandparents, siblings, etc.

Household composition.

Describe:

Household composition includes children receiving services, parents and siblings. Documentation is maintained on file and is verified with other internal programs .

Applicant Residence.

Describe:

Parents residence information is provided on their income verification, driver's license and cross verified with internal programs.

Other.

Describe:

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

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

Time limit for making eligibility determinations.

Describe length of time :

Upon the availability of funds and receipt of application, eligibility is determined at the point of initial interview and application process can occur within the same day; however if funds are unavailable, the applicant remains on a waiting list until a slot becomes available. If applicants do not provide all required documents, the applicants have up to 10 business days to submit documentation for completion and determination.

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 [Virgin Islands - Department of Human Services - Division of Family Assistance - Jobs Program](#)

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

"appropriate child care":

[Child Care which meets state licensing standards of quality and safety and provides age appropriate learning opportunities while meeting the individual needs of the family.](#)

"reasonable distance":

[Location accessible via public and/or private transportation and is within the venue of the parents employment and/or residence.](#)

"unsuitability of informal child care":

[Child care environment in which the informal care provider is unable to meet the Territory's minimum health and safety standards as are established by the Department of Human Services.](#)

"affordable child care arrangements":

[Arrangements which provide access to quality child care services and consumes not more than 15% of the family's gross income.](#)

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

In writing

Verbally

Other.

Describe:

TANF families are informed of their penalties through their Employment Training Officer (ETO) at the Department of Human Services- JOBS program, if they have violated any work requirements. The OCCRS program is provided with sanction documentation from the Employment Training Officer regarding the parent's continued child care needs.

List the citation to this TANF policy.

List:

[Section 409\(a\) \(7\) of the Social Security Act, 45 CFR 263.11\(b\), 45 CFR Part 92](#)

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 whose physical or mental ability inhibits developmental progress and whose condition are documented by a qualified professional and describes how services are prioritized.](#)

and describe how services are prioritized:

Children with special needs are prioritized over other CCDF-eligible families, and are not placed on a waiting list if slots are available.

b. Provide definition of "Families with very low incomes": A family whose income is less than 85% of the State's Median Income.

and describe how services are prioritized:

Services are prioritized based on a children's special needs, teen parents, foster and protective parents, TANF participants and homeless children.

c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) TANF and Child Care Subsidy works closely to ensure a seamless coordination of transition on behalf of the children. TANF clients continue to receive child care assistance during the transition period and after the services are discontinued with TANF. If the client continues work activities or employment is maintained outside of TANF (JOBS), the child care is continued.

3.2.2 Improving Access for Homeless Children and Families.

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

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current

requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)l)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

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

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe the following:
- a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements
 - b. Procedures to conduct outreach to homeless families to improve access to child care services
 - c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services

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

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

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

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

- The Office Child Care and Regulatory Services (OCCRS) - Subsidy Resource & Referral (SR&R) unit, implemented a three months grace period on October 1, 2015 for homeless children and families. Additionally, the SR&R allow these families to receive child care services during the grace period until their immunization and health and safety requirements documentation are provided. Procedure to conduct outreach to homeless families to improve access to child care services is the part unmet; however, collaboration with internal and external collaboration is tentatively set for May 31, 2016.
- The Department has partnered with homeless entities within the Department to ensure that referrals are submitted to the SR&R unit, for families who are deemed homeless. The unit will also continue to receive referrals from Foster Care, TANF and the Office of Intake & Emergency Services for those families deemed homeless.
- The SR&R unit has provided a three months grace period for families deemed homeless.

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

3.3 Protection for Working Parents

3.3.1 Twelve Month Eligibility

The CCDBG Act of 2014 establishes a 12-month eligibility period for CCDF families. States are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance

and will receive such assistance, for not less than 12 months before the State redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) &(ii))

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

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

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

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

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

The minimum 12-month eligibility is fully implemented effective October 1, 2015. Additionally, consideration is provided for temporary changes in work fluctuations, seasonal job and shift hours and the Virgin Islands provide consideration for a break in education during the summer, maternity and sick leave periods. Policy Citation Needed-Child Care Manual - Section 16:12 - Recertification is conducted every twelve months regardless of change of income (as long as the income does not exceed the federal threshold of 85% SMI), or temporary changed in participation in work, training and education.

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

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

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

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

Note that unless the State allows a minimum 3-month job search period - the State/Territory may not exercise the option to terminate assistance based on a parent's non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any

documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

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

- Yes, the State/Territory terminates assistance prior to 12 months due to parent's loss of work or cessation of attendance at a job training or education program ONLY.
List the Lead Agency's policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs
- No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

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

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

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

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

Families are allowed to submit documents for processing and redetermination electronically, by mail or by an authorized person to prevent disruption of work, education or school. State Policy Citation: Child Care Manual 12:4

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	0	0	0	0	0	0
2	\$1,946	0	85%	\$2,530	\$48	85%
3	\$2,198	0	85%	\$2,752	\$48	85%
4	\$2,449	0	85%	\$2,974	\$48	85%
5	\$2,701	0	85%	\$3,197	\$48	85%

a) What is the effective date of the sliding fee scale(s)? [October 1, 2015](#)

b) Provide the link to the sliding fee scale www.dhs.gov.vi

3.4.2 How will the family's contribution be calculated and to whom will it be applied?

Check all that the Lead Agency has chosen to use.

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

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

Describe:

- Other.

Describe:

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

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

Describe other factors.

- No.

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

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

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

The poverty level used by the Lead Agency for a family size of 3 is \$ 25,373 annual gross

- 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 co-payment is limited based on a weekly rate of income and family size, with zero co-payments for educational, training and very low-income families. The maximum co-payment is \$48.00 monthly.

- 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:

The Virgin Islands is at the 85% state median income; therefore, a graduated phase-out is not in effect.

- 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:

Parents are responsible for the difference and co-payment if the provider charges a higher rate than the amount families receives.

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

Describe:

The Virgin Islands does not cover any other fees, only the monthly eligible allotment.

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))

Parents are provided with written or electronic information, during their in person visit, over the phone or by electronic means; informing them of the providers participating in the Child Care - Subsidy Program.

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

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

Other.

Describe

4.1.3 Child Care Services Available through Grants or Contracts

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

Yes. If yes, **describe**

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

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

the process for accessing grants or contracts

the range of providers available through grants or contracts

how rates for contracted slots are set for grants and contracts

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

if contracts are offered statewide and/or locally:

No. If no, skip to 4.1.4.

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

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

- Programs to serve children with disabilities
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
 - Urban
 - Rural
- Other.

Describe:

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

Other.

Describe:

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

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

Describe the policies and procedures for unlimited access

All participating providers must sign a provider agreement, which certifies that the providers must afford unlimited access to parents. Parents are encouraged to conduct impromptu visits to their child care center and providers are advised on the parent's right to unlimited access to their children while they are in the their care.

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:

Providers must be a minimum of 18 years and above and must complete a local and national background check.

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:

[A home inspection must be conducted on an in-home provider to ensure minimum basic health and safety requirements are met.](#)

Other

Describe:

No.

[4.2 Assessing Market Rates and Child Care Costs](#)

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

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

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

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

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

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

MRS

Alternative Methodology.

Describe:

Both.

Describe:

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 Virgin Islands Department of Human Services consulted with its internal Directors to review and update the Market Rate Survey. Upon completion, the updated version was submitted to providers via e-mail, in person (staff hand delivered), and phone interviews.

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

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

Describe:

The Market Rate Survey (MRS) was a statistically valid and reliable survey. It was conducted electronically, in person, and by phone survey for providers who did not return their surveys timely. Data analysis is currently on-going by the Department's Research Unit and findings will be provided upon completion, prior to March 1, 2016.

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 2015 Market Rate Survey data collection includes all child care providers across the United States Virgin Islands - St. Croix, St. Thomas and St. John.

b) Type of provider:

The 2015 Market Rate Survey includes a variety of licensed providers - Day Care Centers, Group Homes, Family Homes, After School Programs and Summer Camps.

c) Age of child:

The 2015 Market Rate Survey includes a mixed group of children - infants (1-12 months), toddlers (13-24 months), preschoolers (2-4 years old) school aged children (5-12 years old) and children with special needs (birth - 12 years old)

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

N/A

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

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

[03/01/2016](#)

b) Date report containing results were made widely available, no less than 30 days after the completion of the report [03/31/2016](#)

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

The report will be available on the Virgin Islands Department of Human Services website at: www.dhs.gov.vi

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

The Department set rates based on the combination of the MRS, resources and the ability to

continue to provide services to eligible families without reduced the limited number of slots.

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

Rate \$ 310 per monthly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 85%

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

Rate \$ 310 per monthly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 85%

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

Rate \$ 300 per monthly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 85%

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

Rate \$ 300 per monthly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile:

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

Rate \$ 300 per monthly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 85%

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

Rate \$ 300 per unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 85%

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

Rate \$ 150 per unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 85%

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

Rate \$ 150 per unit of time (e.g., hourly, daily, weekly, monthly, etc.)

Percentile: 85%

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

Full time care is defined as 30 or more hours of child care per week.

j) Provide the effective date of the payment rates : June 1, 2016

k) Provide the link to the payment rates : www.dhs.gov.vi

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

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

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

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

Describe:

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

Describe:

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

Describe:

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

Describe:

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

Describe:

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

Describe:

None.

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

Describe:

The Department set rates based on the combination of the MRS, resources and the ability to continue to provide services to the participants without reducing the limited number of slots to eligible low income families.

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:

N/A

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:

The Virgin Islands Department of Human Services sets rate at 85th percentile. At this rate, the majority of families receiving assistance receive the full monthly rate, which alleviates out-of-pocket cost to the parents on a monthly basis. If parents are not eligible to receive the maximum monthly rate, the parent pays a minimum difference to the provider.

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

Describe:

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

Describe:

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

Describe:

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

Describe:

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

Describe:

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

Describe:

- Other.

Describe:

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

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

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

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

The MRS was conducted between November 2015 through March 1, 2016 as child care providers responses to the survey were below average. The Virgin Islands Department of Human Services payment rates are sufficient (based on the funding received) to ensure equal access. If funds were available to comply with this requirement, consultations with Management is needed to set the rates, collaboration with IT to update the system and inform staff, fiscal, parent and providers about the availability of additional funds. Rates are set at the maximum 85% to alleviate financial hardship to low-income families; however, payment rates are low and will increase providing additional funds are received to allow

parents to select from diverse quality care throughout the territory. Additionally, increased rates will attract other high-quality provider's participation in the Subsidy program and subsequently reduce the waiting list.

- 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

Child Care providers are paid full payments for occasional absences, local and federal holidays, children's illnesses, and local weather events.

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

Care providers are paid the full payment in the event of short term illness. If the child illness exceeds a month, the voucher is not provided until the child returns to the facility.

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

Child Care providers are paid for the full month; however, payments are prorated for children who have not started attending a facility at the beginning of the month.

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

Describe:

Child Care providers are paid the full maximum rate for full time or part-time, based on the eligibility of the parents.

- 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:

Child Care providers are notified by the parents regarding their eligibility; however, staff provides verbal notification upon request.

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

Describe:

When an appeal is provided, the supervisor is notified and the situation is remedied based on the nature of the dispute. Oftentimes, other parties may be required to intervene to alleviate the discrepancy or dispute timely.

- Other.

Describe:

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

The Virgin Islands Department of Human Services has internal controls and governmental procedures do not allow services to be paid prior to the delivery of service. Additionally, payment is made by the 25th of the month via direct deposit through the government Department of Finance. Lastly, standard and customary fees charged by the child care provider are not provided, limited resources does not allow for the sustainability of fees, coupled with the massive waiting list across the territory of children waiting to be served.

4.5.3 Check and describe the strategies the State/Territory will use to ensure the

timeliness of payments.

- Policy on length of time for making payments.

Describe length of time:

The Department has developed policy to ensure that providers are paid by the 25th of the month after services are rendered; however, occasional occurrences, may impact the timeliness of payment.

- Track and monitor the payment process

Describe:

The Department tracks and monitors payment process from the return of vouchers, to the direct deposit through the Department of Finance.

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

Describe:

All Virgin Islands child care providers are paid via direct deposit through the Department of Finance.

- Other.

Describe:

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

- Yes.

Describe data sources

- No.

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

Provisions are made and will continue to increase and improve the quality of child care

services for children in underserved areas, infants and toddlers, children with disabilities, etc.; however, additional resources are needed to ensure that vulnerable populations are served expeditiously. Effective October 1, 2015, emphasis was placed on infants and toddlers to ensure that the number of slots was increased, as this group was underserved. The most critical supply needs are estimated based on the clientele applying for services.

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

A specific number of slots are identified to ensure that the vulnerable population groups (infants and toddlers) are adequately served.

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

Children with disabilities are served as priority and not placed on the waiting list, once slots are available.

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

Children who receive care during non-traditional hours are served timely, once slots are available.

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

Homeless children are considered priority and not placed on the waiting list, once slots are available.

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

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

- Fully implemented and meeting all Federal requirements outlined above.

Describe

The Virgin Islands communities are small, and there are no areas of concentrated high poverty and/or unemployment; however priority is provided based on needs assessment in concentrated areas. The Department routinely provides investments, such as mini-grants to training opportunities, QRIS pilot and technical assistance to raise the quality standards of child care centers, to ensure that all children and families have access across the territory.

- 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

- Day Care - A child day care facility which provides care for more than twelve children between two and fourteen years of age for less than twenty-four hours a day, whether

known under some other descriptive name such as "nursery", "preschool", "pre-kindergarten", "after-school center", "drop-in center", or "child development center", and whether or not the facility is operated for profit.

- Group day care home - A child day care facility which provides care for seven to twelve children under fourteen years of age for less than twenty-four hours a day, and whether or not the facility is operated for profit.
- Family day care center home - A child day care facility which provides care for not less than three nor more than six children under fourteen years of age for less than twenty-four hours a day, and whether or not the facility is operated for profit.
- Children's camp - A recreational, educational or cultural program operating on a daily, and/or overnight basis, and providing care for three or more unrelated children between the ages of three and fourteen years, and whether or not the facility is operated for profit.

5.1.2 Does your State/Territory exempt any child care providers from its licensing requirements?

Yes.

Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers

No.

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

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

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

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

a) Licensed Center-Based Care

1. Infant

- State/Territory age definition:

Infant age is from zero to twelve months.

- Ratio:

Ratio of one to five.

- Group Size:

Group size of ten.

2. Toddler

- State/Territory age definition:

Toddlers age is from twelve to twenty-four months.

- Ratio:

Ratio of one to six.

- Group Size:

Group size of twelve.

3. Preschool:

- State/Territory age definition:

Preschool age from two to three and four years.

- Ratio:

1 to 8, 1 to 10

- Group Size:

Group size of sixteen.

4. School-Age

- State/Territory age definition:

School age is five years.

- Ratio:

Ratio of one to twelve.

- Group Size:

Group size of twenty-four.

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

N/A

6. Describe, if applicable, ratios and group sizes for centers with mixed age groups. The child-staff ratio and group size must be consistent with the age of the majority of the children in the group, when there are mixed group. Infants are not permitted as part of mixed groups.

b) Licensed Group Child Care Homes:

1. Infant

- State/Territory age definition:

Infant age zero to twelve months.

- Ratio:

Ratio of one to five.

- Group Size:

Group size of ten.

2. Toddler

- State/Territory age definition:

Toddler age is twelve to twenty-four months.

- Ratio:

Ratio of one to five.

- Group Size:

Group size of ten.

3. Preschool:

- State/Territory age definition:

Preschool two to three and four years.

- Ratio:

Ratio one to eight and one to ten.

- Group Size:

Group size of sixteen.

4. School-Age

- State/Territory age definition:

School age five years.

- Ratio:

Ratio one to twelve.

- Group Size:

Group size of twenty-four.

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

N/A

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

N/A

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

c) Licensed Family Child Care:

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

Describe the ratios:

Ratio one to three.

Describe the group size:

Group size one to three.

Describe the threshold for when licensing is required:

N/A

Describe the 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

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

N/A

d) Any other eligible CCDF provider categories:

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

Describe the ratios:

N/A

Describe group size:

N/A

Describe the threshold for when licensing is required:

N/A

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

N/A

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

N/A

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

N/A

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead teacher

Must be at least eighteen years of age, have a high school diploma, a GED or its equivalent. Have a Associate Degree in early childhood education or a Child Development Associate (CDA) credential and annual training of no less than twenty-four clock hours of classroom instruction that include child care facility management, child development, health and safety, child abuse and neglect and current best practices in child care.

and assistant teacher qualifications:

An assistant teacher qualifications will be completed within the first year of employment. Must be a least eighteen years or age, have a high school diploma, a GED or its equivalent.

Be under the direct supervision of a teacher and/or direct and annual training of no less than twenty-four management, child development, health and safety, child abuse and neglect and current best practices in child care.

2. Toddler lead teacher

Must be at least eighteen years of age, have a high school diploma, a GED or its equivalent. Have a Associate Degree in early childhood education or a Child Development Associate (CDA) credential and annual training of no less than twenty-four clock hours of classroom instruction that include child care facility management, child development, health and safety, child abuse and neglect and current best practices in child care

and assistant teacher qualifications:

An assistant teacher qualifications will be completed within the first year of employment. Must be a least eighteen years or age, have a high school diploma, a GED or its equivalent.

Be under the direct supervision of a teacher and/or direct and annual training of no less

than twenty-four management, child development, health and safety, child abuse and neglect and current best practices in child care.

3. Preschool lead teacher

Must be at least eighteen years of age, have a high school diploma, a GED or its equivalent. Have a Associate Degree in early childhood education or a Child Development Associate (CDA) credential and annual training of no less than twenty-four clock hours of classroom instruction that include child care facility management, child development, health and safety, child abuse and neglect and current best practices in child care

and assistant teacher qualifications:

An assistant teacher qualifications will be completed within the first year of employment. Must be a least eighteen years or age, have a high school diploma, a GED or its equivalent.

Be under the direct supervision of a teacher and/or direct and annual training of no less than twenty-four management, child development, health and safety, child abuse and neglect and current best practices in child care.

4. School-Age lead teacher

Must be eighteen (18) years of age, have a high school diploma or GED, school-age child development knowledge and experience for academic enrichment programs. The lead teacher must have obtained at least an associate's degree in a related subject matter.

and assistant teacher qualifications:

An assistant teacher qualifications must be eighteen (18) years of age, have a high school diploma or GED, school age development knowledge and experience.

5. Director qualifications:

Must be at least twenty-one (21) years of age have earned a Bachelors' Degree in Early Childhood Education, Child Development, Special Education, Elementary Education or a child related or human services field, or, have an associated degree in the same areas and at least three (3) years experience in a licensed or certified child care facility or, a high school diploma, a Child Development Certificate and a minimum of five (5) years of experience in a licensed or certified child care facility and twenty-four (24) clock hours of classroom instruction that include child care facility management, child development, health and safety, child abuse and neglect and current best practices.

b) Licensed Group Child Care Homes:

1. Infant lead teacher

Must be at least eighteen years of age, have a high school diploma, a GED or its equivalent. Have a Associate Degree in early childhood education or a Child Development Associate (CDA) credential and annual training of no less than twenty-four clock hours of classroom instruction that include child care facility management, child development, health and safety, child abuse and neglect and current best practices in child care.

and assistant qualifications:

An assistant teacher qualifications will be completed within the first year of employment.

Must be at least eighteen years or age, have a high school diploma, a GED or its equivalent.

Be under the direct supervision of a teacher and/or direct and annual training of no less than twenty-four management, child development, health and safety, child abuse and neglect and current best practices in child care.

2. Toddler lead teacher

Must be at least eighteen years of age, have a high school diploma, a GED or its equivalent. Have a Associate Degree in early childhood education or a Child Development Associate (CDA) credential and annual training of no less than twenty-four clock hours of classroom instruction that include child care facility management, child development, health and safety, child abuse and neglect and current best practices in child care

and assistant qualifications:

An assistant teacher qualifications will be completed within the first year of employment.

Must be at least eighteen years or age, have a high school diploma, a GED or its equivalent.

Be under the direct supervision of a teacher and/or direct and annual training of no less than twenty-four management, child development, health and safety, child abuse and neglect and current best practices in child care.

3. Preschool lead teacher

Must be at least eighteen years of age, have a high school diploma, a GED or its equivalent. Have a Associate Degree in early childhood education or a Child Development Associate (CDA) credential and annual training of no less than twenty-four clock hours of classroom instruction that include child care facility management, child

development, health and safety, child abuse and neglect and current best practices in child care

and assistant qualifications:

An assistant teacher qualifications will be completed within the first year of employment. Must be a least eighteen years or age, have a high school diploma, a GED or its equivalent.

Be under the direct supervision of a teacher and/or direct and annual training of no less than twenty-four management, child development, health and safety, child abuse and neglect and current best practices in child care.

4. School-Age lead teacher

Must be eighteen (18) years of age, have a high school diploma or GED, school-age child development knowledge and experience for academic enrichment programs. The lead teacher must have obtained at least an associate's degree in a related subject matter.

and assistant qualifications:

An assistant teacher qualifications must be eighteen (18) years of age, have a high school diploma or GED, school age development knowledge and experience.

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

c) Licensed Family Child Care home provider qualifications

Must be at least eighteen years of age, have a high school diploma, a GED or its equivalent. Have a Associate Degree in early childhood education or a Child Development Associate (CDA) credential and annual training of no less than twenty-four clock hours of classroom instruction that include child care facility management, child development, health and safety, child abuse and neglect and current best practices in child care.

d) Other eligible providers qualifications:

N/A

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

(658E(c)(2)(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

[The Department of Human Services website at www/dhs.gov.vi/Licensing Rules and Regulatory.](http://www/dhs.gov.vi/Licensing%20Rules%20and%20Regulatory)

700)

Health Rules and Regulations

701 Medical Examination and Report

Each child from ages 0-14 shall also have had a health examination and all recommended

immunizations according to the American Academy of Pediatrics and the V. I.

Department of Health, within sixty (60) days prior to initial admission to a facility, and at

least annually thereafter. These guidelines are issued on a yearly basis typically in December or January. Head Start programs are required to meet Federal Head Start Requirements. A child health record and immunization record shall be on file at the facility and shall be renewed and updated annually when appropriate.

For children ages 6-14 the providers will require the following for after school programs

and children's camp programs:

A. Child health record

B. Immunization record

702 Medications

A. Medications and special procedures shall be administered only as follows:

1. Prescription medications shall be in the original container labeled with the child's name, a date, directions, and the physician's name. Medication shall not be administered after any stated expiration date.

2. All non-prescription medications shall be labeled with the child's name and dated. All non-prescription medication shall be administered to the child only when approved in writing by health personnel and the child's parents and in accordance with label instructions.

3. Aspirin or aspirin-containing preparations may not be administered in a child care facility without a prescription by a licensed health care provider.

B. A written log of medications administered shall be kept at the facility. Entries shall include the full name of child and full name and signature of individual instructing the facility to administer the medication with instructions, the name of the medication and the expiration date, time and amount administered as well as the full name and signature of the person who administered the medication.

C. All medications, refrigerated or un-refrigerated, shall be secured with child protective

caps, shall be kept in an orderly fashion, shall be stored away from food at the proper temperature and in a container clearly labeled "FOR MEDICATION ONLY". All medication shall be inaccessible to children and shall not be used beyond the date of expiration. Medications shall be kept out of the reach of children, and in locked storage.

703 Oral Health

A. In facilities where tooth brushing is an activity, each child shall have a personally labeled toothbrush. Toothbrushes shall be replaced when bristles have lost their tone. Toothbrushes shall be stored so that they do not drip on other toothbrushes, and shall be separate from one another. Bristles should be facing up and exposed to the air to dry, and not in contact with any surface.

B. Staff shall supply drinking water to children at all times. Children shall be offered drinking water after meals and snacks to counterbalance the cavity-causing effect of frequent exposure to food.

C. Staff should be trained in the prevention of "baby bottle syndrome". Babies shall not be put to bed with a bottle, unless it is only filled with water. Bottles shall not be propped up for feeding. If a child uses a pacifier, it shall not be dipped in sweet substances.

704 Illness and Injury

A. Illness shall be handled to protect the health of all children in the facility.

B. Parents of an HIV-infected child shall be notified immediately if the child has been exposed to chicken pox, TB, or measles through other children in the facility.

C. A child whose immune system does not function properly to prevent infection and who is exposed to measles or chicken pox shall be referred immediately to his/her health care provider to receive the appropriate preventive measure (immune globulin) following exposure.

D. Caregivers known to be HIV-infected shall be notified immediately if they have been exposed to chicken pox, TB, or measles through children in the facility; they shall receive an appropriate preventive measure (immune globulin); Their return to work after exposure shall be determined jointly by the center director and the health care provider for the HIV-infected caregiver.

E. There shall be daily observation of each child on arrival at the facility by a person capable of recognizing common signs of communicable disease or other evidence of ill health. A child who is apparently ill shall not be allowed at the facility until he/she is in good health. If the child becomes ill after arrival at the facility, he/she shall be given a bed or cot away from the other children, and the child's parents shall be called immediately. The child shall be supervised until he/she leaves the facility.

F. Staff must, upon registration of each child, inform parents of the need to notify the facility within 24 hours after the child has developed a known or suspected

communicable disease, or if any member of the immediate household has a communicable disease, and to inform the facility of any other illness that is not a communicable disease or other absence experienced by the child when the child returns to the facility. Upon return to school, medical clearance is required. When the child has a disease requiring exclusion or dismissal, the parents must inform the facility of the diagnosis.

G. If there has been an exposure to an infectious disease or condition, parents of other children who attend the facility shall be informed that their child may have been exposed.

H. Admission or re-admission of any child who has recently suffered a communicable disease shall be allowed only if recommended in writing by a licensed physician.

I. In case of illness or injuries occurring at the facility, the parent must be notified as soon as reasonably possible and the child shall be given first aid, if needed. In the case of critical illness or injury, the physician named by the parents shall be called. If necessary, the child shall be taken to the nearest medical facility emergency room and the parents contacted immediately. Seek prior consent, if possible.

705 Emergency Telephone Numbers

A. The facility shall have a telephone and emergency telephone numbers and instructions must be posted. Cellular phone must be provided on field trips.

B. When an immediate response is required, the following emergency procedures shall be utilized:

1. First aid and CPR care shall be employed, and the emergency medical response team shall be called immediately, as indicated.

2. The facility shall have a plan of action for emergency transportation (i.e. ambulance) to arrive/deliver child or staff to local hospital or health care facility.

3. The parent or parent's emergency contact person(s) shall be called.

C. The facility shall document that a child's parent or legal guardian was notified immediately of an injury or illness that required professional medical attention.

D. If a facility experiences the death of a child or staff, the following shall be done:

1. If the child dies while at the facility:

- a. Immediately notify emergency medical personnel.

- b. Immediately notify the child's parents

- c. Notify the licensing agency.
 - d. Provide age-appropriate information for children and parents.
 - e. Seek and provide to staff, children, and parents support from an appropriate health and/or mental health professional.
2. If the child dies while not at the facility:
- a. Provide age-appropriate information for children and parents.
 - b. Make resources for support available to staff, parents and children.
- E. The following telephone numbers shall be in a place accessible and readily available to the staff:
- 1. Telephone numbers where each child's parents and emergency contact persons may be reached;
 - 2. Telephone number of the physician of each child designated by the parents;
 - 3. Telephone numbers where staff, their families, and designated physicians of staff members may be reached.

706 First Aid and CPR Certificates

- A. All staff working with children shall receive training in Pediatric First Aid and certified in Child CPR, including management of a blocked airway and rescue breathing.
- B. A first aid manual shall be readily accessible to all adults at the facility.
- C. Minimum first aid equipment shall be maintained and properly stored, readily available to staff, and not accessible to children. An additional complete first aid kit shall be taken on field trips and outings away from site. First aid kits shall contain:
 - (1) Hand sanitizer
 - (2) Alcohol
 - (3) Band-aids or liquid bandages
 - (4) Tweezers
 - (5) Adhesive tape
 - (6) Absorbent cotton
 - (7) Non mercury containing thermometer
 - (8) Cotton tipped applicator or swab
 - (9) Tongue depressors
 - (10) Sterile gauze
 - (11) Bandage scissors
 - (12) Hydrogen peroxide

(13) Impervious disposable gloves

Additional first aid supplies are recommended:

- (1) Sealed packages of alcohol wipes or antiseptic
- (2) Safety Pins
- (3) Eye dressing
- (4) Pen/pencil and note pad
- (5) Cold pack
- (6) Insect sting preparation packets
- (7) Telephone number for the poison control center or 911
- (8) Distilled water
- (9) Small plastic or metal splint
- (10) Liquid Soap

707 Animals

A. Animals at the facility shall be vaccinated according to the recommendations of a licensed veterinarian. Documentation of such vaccinations shall be filed at the facility.

B. The facility and surrounding yard shall be kept free of stray animals and animal waste.

708 Smoking/Alcohol/Substance Abuse

A . Facilities shall have written policies specifying that smoking, use of alcohol, and use or possession of illegal substances or unauthorized potentially toxic substances are prohibited in the facility when children are in care.

B. The use of tobacco (in any form), alcohol, and illegal drugs shall be prohibited on the facility premises during the hours of operation .

709 Persons Permitted at the Facility

When children are present, no person whose behavior or health status endangers the health, safety or well being of the children may be allowed at the facility. Any person with symptoms of contagious disease or physical or mental condition which would be harmful to the children or who appears to be intoxicated shall not be allowed at the facility while children are present.

SECTION 8

(800)

FIRE, HEALTH, BUILDING AND SAFETY

801 Emergency Procedures

A. In case of danger from fire, the first responsibility of the operator

and staff of the facility shall be the evacuation of the children.

B. All facilities must have a certificate indicating that it meets Fire Service Regulations and has passed annual inspections including having required fire extinguishers on site (see appendix for current regulations).

C. An emergency evacuation plan, which has been approved by the Fire Service, must be posted. Staff members shall be instructed in emergency procedures by Fire Services personnel. Emergency drills shall be held monthly at unexpected times. Centers shall document all emergency drills and all such documentation shall be submitted with license renewal application.

1. The facility shall have a written procedure for reporting and responding to fire, flood, tornado, earthquake, hurricane, power failure, or other disaster that could create structural damages to the facility or pose health hazards. The facility shall also include procedures for staff training on this emergency plan.

2. The director or designee shall use a daily roster to check the evacuation and return to a safe indoor space, all children in attendance during an evacuation drill.

D. The facility shall have a written emergency plan outlining procedures for reporting and managing incidents or unusual occurrences that are threatening to the health, safety, or welfare of the children and/or staff. The facility shall also include procedures for ongoing staff training on this emergency plan. The following incidents, at a minimum, shall be addressed in the emergency plan.

1. Lost or missing child.

2. Sexual or verbal or physical abuse or neglect of a child (as mandated by the V. I. Code).

3. Injuries requiring medical, psychological or dental care.

4. Serious illness requiring hospitalization, death of a child enrolled in the facility, or death of a caregiver, including deaths that occur outside of child care hours.

(a) Procedure for a caregiver to accompany a child to emergency care services and remain with the child until the parent or legal guardian assumes responsibility for the child; and provision for a backup caregiver or substitute to make this feasible. Child/staff ratios must be maintained at the facility during the emergency.

(b) How to access emergency medical care - a hospital emergency

room, clinic, or other constantly staffed facility known to caregivers and acceptable to parents.

(c) Procedure for re-supply of first aid kits following each first aid incident, and maintenance of required contents in a serviceable condition, by a periodic review of the contents.

(d) A plan for rapid response to choking, including posting of a chart near feeding areas showing choking response procedures for infants and young children.

E. Facilities providing services to children with special needs shall have a written plan for emergency, medical backup, medical procedures and training of staff. This plan shall describe situations that may arise due to the child's condition and the appropriate procedures to be used with the child while he/she is in the care of the caregiver.

F. Smoke detectors shall be required and installed as specified by the V. I. Fire Code.

1. Smoke detectors installed shall be tested monthly and the batteries shall be replaced yearly.

2. Smoke detectors older than 10 years old shall be discarded.

802 Health and Sanitation

A. The Child care Facility shall have an approved annual sanitation inspection by the Division of Environmental Health of the Department of Health. The health permit from the Department of Health shall be prominently displayed in the facility at all times.

B. All rooms used by children shall be cooled, and ventilated to maintain comfortable temperatures, humidity, and air exchange and to avoid accumulation of objectionable odors and harmful fumes. There shall be adequate light and ventilation in all areas of the center. Fixtures shall be shaded.

C. There shall be an adequate supply of drinking water of a safe quality standard, which shall be certified by the Division of Environmental Health at least two times per year. Drinking water shall be available to the children at all times.

D. Adequate and clean water for flushing toilets and washing hands shall be

available. Staff and children shall wash their hands for at least ten (10) seconds with soap and running water at the following times including but not limited to:

1. Before and after food preparation, handling, or serving;
2. After toileting or changing diapers;
3. After assisting a child with toilet use;
4. Before setting the table;
5. Before and after eating meals or snacks;
6. After handling pets or other animals;
7. After engaging in any act of personal hygiene;
8. After exposure to blood or blood-containing body fluids and tissue for nose discharges.
9. Whenever hands are in contact with body fluids.

E. When plumbing is unavailable, the facility shall provide a hand-washing sink using a potable water supply.

F. Noses shall be blown or wiped with disposable, one-use tissue that are discarded in a plastic-lined and covered garbage container. Hands shall be washed after blowing as specified.

G. Food service utensils and equipment shall be properly cleaned and sanitized after each use. Hot water shall be used for proper sanitizing of dishes.

H. Paper and/or plastic plates and utensils shall be discarded after each use. No single service articles may be re-used.

I. Garbage shall be emptied into standard containers, which shall be fully covered and stored and emptied daily. There must be at least one (1) covered garbage container in each bathroom and kitchen.

J. Premises and child play areas shall be kept free of animal waste, insects, rodents, vermin or other pest infestations, and shall not provide shelter to pests.

K. Beds, cots, cribs, playpens or other furniture shall be sanitized and linens shall be cleaned and in good repair. Cots and linens shall be labeled and used for one (1) child only.

L. No child shall be permitted to remain in a wet bed.

M. Diaper changing procedures consistent with those recommended by the Centers for Disease Control shall be implemented and posted in the changing area.

N. Each room in which children who wear diapers are cared for shall have its own diaper-changing area.

O. Soiled diapers shall be stored in containers separate from other waste.

Conveniently located, washable, plastic-lined, tightly covered receptacles, operated by a foot-pedal, shall be provided within arm's reach of diaper-changing tables for soiled diapers. Separate containers shall be used for disposable diapers, cloth diapers (if used), and soiled clothes and linens.

P. Each waste and diaper container shall be labeled and kept clean and free of buildup of soil and odor. Waste-water from such cleaning operations shall be disposed of as sewage.

Q. The changing area shall never be located in food preparation areas and shall never be used for temporary placement or serving of food.

R. All frequently mouthed toys in rooms in which infants and toddlers are cared for shall be cleaned and disinfected daily with a water and bleach solution and left to air dry.

S. Thermometers and pacifiers shall not be shared among children. However, reusable thermometers with disposable sanitary covers are acceptable for multiple uses.

T. Disposable towels or reusable towels, laundered between uses, shall be used for cleaning. Disposable towels shall be (sealed in a plastic bag and removed to outside garbage.) Cloth towels shall be placed in a closed, foot-operated receptacle until laundered.

U. Cleaning supplies, pesticides, medications, and other hazardous supplies shall be properly stored in a locked area away from food supplies.

V. Floors shall be cleaned daily and be in good condition and repair.

W. No person with any infection, cold or other contagious illness shall be involved in the preparation or service of food.

X. Each child shall have his own towel, wipes and other personal hygiene effects. Towels and washcloths must be washed in hot water or replaced daily. Paper towels are preferred but must be properly discarded after use.

Y. Changing tables with disposable covers must be used whenever children are changed. Covers must be changed after each use.

Z. One time use, disposable gloves (i.e., latex or latex free) must be used by all employees when coming in contact with body fluids and when changing diapers.

Gloves should be changed after each child.

AA. Spills of body fluids (i.e., urine, feces, saliva, nasal discharge, eye discharge, and injury or tissue discharges) shall be immediately cleaned and disinfected. Gloves shall be used in these situations unless the amount of body fluid is so small that the material used for cleaning can easily contain it. If disposable gloves are used, they must be discarded immediately and hands washed. Gloves shall be used at all times in the presence of blood and shall be sanitized, washed, and dried after every use.

1. Mops shall be cleaned, rinsed in sanitizing solution, and then wrung as dry as possible and hung to dry.

2. Blood-contaminated material and diapers shall be disposed of in a special biohazard labeled plastic bag with a secure tie, and moved to the outside garbage receptacle.

803 Compliance With Building Code and Zoning Laws

A. Facilities shall be in compliance with the Virgin Islands Building Code, the Virgin Islands Zoning and Subdivision Law, and any and all other laws and regulations concerning land use and building standards.

B. Plans to erect new buildings, or to remodel existing buildings, shall be submitted to the Department of Planning and Natural Resources (DPNR), Department of Human Services, Fire Services, and any other appropriate government agency for review and approval in accordance with the law. Construction, renovation, remodeling, or alterations of structures during child care operations shall be done in such a manner as to prevent hazards or unsafe conditions.

C. The facility shall make reasonable accommodations for accessibility for children

and/or parents with disabilities in accordance with the Americans with Disabilities

Act of 1990 (ADA).

D. The structure of the facility shall permit children fast and safe exit in case of an emergency consistent with the evacuation plan.

1. Only the ground floor level of any building shall be occupied by children.

2. The facility must have a minimum of two (2) exits to the outside, located on different sides of the building. Exits must be kept free and clear of objects, debris, and other impediments at all times.

3. Exterior doors shall be a minimum of thirty-six (36) inches wide, and shall

open outwardly, in direction of travel. Door openings shall be maintained to be easily opened from the inside .

4 . At least one (1) egress (exit) window that readily opens in case of emergency shall be required in each room occupied by children .

804 Safety

A. The buildings, grounds, and equipment shall be properly repaired and maintained to

protect the health and safety of the children.

1. Facilities shall be supplied with electric service that meets the basic requirements set forth in the V. I. Code.

2. All electric cords and appliances must be in safe working condition and must be UL approved. All wiring and electrical fixtures must be approved by fire inspectors. All electrical outlets accessible to children shall have electrical outlet safety covers.

3. Electric fans, if used, shall be mounted high on the wall or ceiling or shall be guarded to limit the size of the opening in the blade guard to less than a half (½) inch. Electric fans shall not be hung below light fixtures.

4. No window air conditioners shall be installed where children can reach working parts. Where 220-volt window unit connections are within children's reach, a screen or guard shall protect the connection.

5. Gas appliances shall have metal tubing and connections, unless otherwise approved by the fire inspectors.

6. Stairs and porches shall have railings (to prevent injuries) the children can reach. Railings and other wooden structures shall be free of splinters. Stairs shall be in compliance with DPNR regulations.

7. Garbage cans shall be covered at all times.

8. Combustible materials shall be kept away from light bulbs and other heat sources.

B. Indoor and outdoor equipment and materials shall be safe for the children. Kept in good repair and working condition and staff shall supervise all children to ensure they are using the equipment safely.

1. Equipment, materials, accessories, and furnishings shall be sturdy and free of sharp point corners, splinters, protruding nails or bolts, loose rusty parts, hazardous small parts, or paint that contains lead or other poisonous

materials. The area surrounding indoor and outdoor equipment and materials shall be kept free from small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child.

2. Outdoor play equipment shall be away from high traffic areas in the yard, and shall be securely anchored, unless portable by design. All play equipment shall be constructed and installed in such a manner as to be safe for use by children according to recommendations by the United States Consumer Product Safety Commission.

3. Indoor and outdoor structures or equipment with hard or sharp surfaces or edges shall be covered with protective padding.

4. Anchored play equipment shall not be placed over, or immediately adjacent, to hard surfaces .

5. All pieces of playground equipment shall be surrounded by a resilient surface consistent with the guidelines established by the U.S. Consumer Product Safety Commission.

6. All pieces of playground equipment shall be designed to guard against entrapment or situations that may cause strangulation. Equipment should be designed too large for a child's head to get stuck or too small for a child's head to fit thru. Please refer to the guidelines in the U.S. Consumer Product Safety Commission Report.

7. Outdoor play equipment that is accessible to children shall not be coated or treated with toxic materials.

8. All outdoor activity areas shall be maintained in a clean and safe condition by removing abandoned cars, old appliances (e.g., refrigerators & stoves), debris, dilapidated structures, broken or worn play equipment, building supplies, glass, sharp rocks, twigs, toxic plants, and other injurious material. The play areas shall be free from anthills, or other visible insect hazards (e.g., wasps' nest), unprotected ditches, wells, holes, grease traps, cisterns, cesspools, and unprotected utility equipment. Holes or abandoned wells within the site shall be properly filled or sealed. The area shall be well drained with no standing water.

9. Strings and cords (e.g., those that are parts of toys, or those that are found on window shades) that are long enough to encircle a child's neck (6 inches or more) shall not be accessible to children.

10. Infants, toddlers, and preschool children shall not be permitted to inflate balloons, nor shall they have access to deflated or under-inflated balloons.

11. All children and adults shall wear approved safety helmets while riding bicycles at all times and shall wear safety helmets, elbow pads, and wrist guards while using skateboards and roller blades or in-line skates at all times. Approved helmets shall meet either the American National Standards Institute (ANSI) Z90.4 or Snell Memorial Foundation Standard.

12. Toys containing any explosive agency (such as "caps") or that tend to propel a missile of any description (such as "darts" or "BB's") shall not be allowed.

C. Toxic substances, both indoors and out, shall not be accessible to children. All chemicals used inside or outside shall be stored in their original containers in a safe and secure manner, accessible only to authorized staff. They shall be used only according to the manufacturer's instructions, and in a manner that will not contaminate play surfaces or articles. When not in use, such materials shall be kept in a place inaccessible to children and separate from stored medications and food. (The Environmental Protection Agency has a list of restricted chemicals unsuitable for use in a child care environment.)

1. All toxic pesticides shall be applied by a licensed exterminator in a manner approved by the Environmental Protection Agency. Application shall be directly observed by a member of the child care staff to be sure toxic chemicals applied on surfaces do not constitute a hazard to the children and staff. No pesticide shall be applied while children are present.

2. No restricted-use pesticide shall be stored on the premises and can only be applied by properly licensed persons. Only a licensed person shall be authorized to use pesticides.

3. Chlorine products shall never be combined with ammonium compounds, as they produce a poisonous gas when mixed together.

D. Glass doors must be properly marked to prevent accidents and injuries.

E. The facility shall not have any firearms, pellet or BB guns (loaded or unloaded), darts, or cap pistols within the premises at any time.

F. Matches and lighters shall be stored in a location that is inaccessible to children.

G. Gasoline and similar flammable materials shall be stored away from the children in a separate building.

H. All plastic bags, whether intended for storage, trash, disposal, or any other purpose, shall be stored out of reach of children. I. Environmental hazards, such as pits, abandoned wells, cisterns and abandoned appliances, that present a risk for entrapment or inhumation (burial) shall be covered or made inaccessible to children.

J. The poison control center and/or physician shall be called for advice about safe use of any toxic products (e.g., pesticides, plants, rat poison) or in any ingestion emergency, and advice from the poison control center shall be documented in the facility's files.

K. When the manufacturer's Material Data Safety Sheet shows the presence of any toxic effects, these materials shall be replaced with non-toxic substitutes. If no substitute is available, the product shall be eliminated

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

agency to complete implementation of this activity

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

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

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

The Department holds an annual Provider Orientation which is usually scheduled August - September and Best Beginnings conference which were held in May but for the past two (2) years has been held in October for all child care providers on various health and safety requirements. Health and Safety Classes are on-going quarterly.

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)

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

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

- Nutrition (including age appropriate feeding).

Describe:

Facilities providing meals should follow meal pattern and nutrition guidelines according to the Department of Agriculture's Food Pyramid. If the parents supply food, they are encouraged to provide nutritious meals and snacks. Food storage is also regulated to ensure that the area is kept clean and dry. Dry storage should be protected from insects, rodents and the elements. Refrigerated food must be properly labeled and stored.

- Access to physical activity.

Describe:

Daily indoor and outdoor periods provide alternating infants activities. Infants and toddlers shall have opportunities to explore their environment and develop their loco motor skills.

- Screen time.

Describe:

Exposure to television and videos must not exceed five (5) hours per week and must be:
1. In the presence of staff, 2. Educational, and 3. Appropriately rated for children viewing.

- Caring for children with special needs.

Describe:

Staff must seek training in the appropriate plan of care according to the child's special needs, potential growth and development. They must be oriented in working with children with special needs in group settings. Children must be included in all activities with appropriate accommodations, modifications and support. If needed, the facility must add additional staff and equipment to meet the child's need. Medical information must be available to staff.

- Recognition and reporting of child abuse and neglect.

Describe:

The Department's website at www/dhs.vi.gov- Section 406 in the Rules and Regs and the Virgin Island Child Abuse and Neglect Law.

- 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

Listed in the Department's website at [www/dhs.vi.gov/Rules and Regs](http://www/dhs.vi.gov/Rules%20and%20Regs)

700)

Health Rules and Regulations

701 Medical Examination and Report

Each child from ages 0-14 shall also have had a health examination and all recommended immunizations according to the American Academy of Pediatrics and the V. I.

Department of Health, within sixty (60) days prior to initial admission to a facility, and at least annually thereafter. These guidelines are issued on a yearly basis typically in December or January. Head Start programs are required to meet Federal Head Start Requirements. A child health record and immunization record shall be on file at the facility and shall be renewed and updated annually when appropriate.

For children ages 6-14 the providers will require the following for after school programs and children's camp programs:

A. Child health record

B. Immunization record

702 Medications

A. Medications and special procedures shall be administered only as follows:

1. Prescription medications shall be in the original container labeled with the child's name, a date, directions, and the physician's name. Medication shall not be administered after any stated expiration date.
2. All non-prescription medications shall be labeled with the child's name and dated. All non-prescription medication shall be administered to the child only when approved in writing by health personnel and the child's parents and in accordance with label instructions.
3. Aspirin or aspirin-containing preparations may not be administered in a child care facility without a prescription by a licensed health care provider.

B. A written log of medications administered shall be kept at the facility. Entries shall include the full name of child and full name and signature of individual instructing the facility to administer the medication with instructions, the name of the medication and the expiration date, time and amount administered as well as the full name and signature of the person who administered the medication.

C. All medications, refrigerated or un-refrigerated, shall be secured with child protective caps, shall be kept in an orderly fashion, shall be stored away from food at the proper temperature and in a container clearly labeled "FOR MEDICATION ONLY". All medication shall be inaccessible to children and shall not be used beyond the date of expiration. Medications shall be kept out of the reach of children, and in locked storage.

703 Oral Health

A. In facilities where tooth brushing is an activity, each child shall have a personally labeled toothbrush. Toothbrushes shall be replaced when bristles have lost their tone. Toothbrushes shall be stored so that they do not drip on other toothbrushes, and shall be separate from one another. Bristles should be facing up and exposed to the air to dry, and not in contact with any surface.

B. Staff shall supply drinking water to children at all times. Children shall be offered drinking water after meals and snacks to counterbalance the cavity-causing effect of frequent exposure to food.

C. Staff should be trained in the prevention of "baby bottle syndrome". Babies shall not be put to bed with a bottle, unless it is only filled with water. Bottles shall not be propped up for feeding. If a child uses a pacifier, it shall not be dipped in

sweet substances.

704 Illness and Injury

- A. Illness shall be handled to protect the health of all children in the facility.
- B. Parents of an HIV-infected child shall be notified immediately if the child has been exposed to chicken pox, TB, or measles through other children in the facility.
- C. A child whose immune system does not function properly to prevent infection and who is exposed to measles or chicken pox shall be referred immediately to his/her health care provider to receive the appropriate preventive measure (immune globulin) following exposure.
- D. Caregivers known to be HIV-infected shall be notified immediately if they have been exposed to chicken pox, TB, or measles through children in the facility; they shall receive an appropriate preventive measure (immune globulin); Their return to work after exposure shall be determined jointly by the center director and the health care provider for the HIV-infected caregiver.
- E. There shall be daily observation of each child on arrival at the facility by a person capable of recognizing common signs of communicable disease or other evidence of ill health. A child who is apparently ill shall not be allowed at the facility until he/she is in good health. If the child becomes ill after arrival at the facility, he/she shall be given a bed or cot away from the other children, and the child's parents shall be called immediately. The child shall be supervised until he/she leaves the facility.
- F. Staff must, upon registration of each child, inform parents of the need to notify the facility within 24 hours after the child has developed a known or suspected communicable disease, or if any member of the immediate household has a communicable disease, and to inform the facility of any other illness that is not a communicable disease or other absence experienced by the child when the child returns to the facility. Upon return to school, medical clearance is required. When the child has a disease requiring exclusion or dismissal, the parents must inform the facility of the diagnosis.
- G. If there has been an exposure to an infectious disease or condition, parents of other children who attend the facility shall be informed that their child may have been exposed.
- H. Admission or re-admission of any child who has recently suffered a communicable disease shall be allowed only if recommended in writing by a

licensed physician.

I. In case of illness or injuries occurring at the facility, the parent must be notified as soon as reasonably possible and the child shall be given first aid, if needed. In the case of critical illness or injury, the physician named by the parents shall be called. If necessary, the child shall be taken to the nearest medical facility emergency room and the parents contacted immediately. Seek prior consent, if possible.

705 Emergency Telephone Numbers

A. The facility shall have a telephone and emergency telephone numbers and instructions must be posted. Cellular phone must be provided on field trips.

B. When an immediate response is required, the following emergency procedures shall be utilized:

1. First aid and CPR care shall be employed, and the emergency medical response team shall be called immediately, as indicated.

2. The facility shall have a plan of action for emergency transportation (i.e. ambulance) to arrive/deliver child or staff to local hospital or health care facility.

3. The parent or parent's emergency contact person(s) shall be called.

C. The facility shall document that a child's parent or legal guardian was notified immediately of an injury or illness that required professional medical attention.

D. If a facility experiences the death of a child or staff, the following shall be done:

1. If the child dies while at the facility:

a. Immediately notify emergency medical personnel.

b. Immediately notify the child's parents

c. Notify the licensing agency.

d. Provide age-appropriate information for children and parents.

e. Seek and provide to staff, children, and parents support from an appropriate health and/or mental health professional.

2. If the child dies while not at the facility:

a. Provide age-appropriate information for children and parents.

b. Make resources for support available to staff, parents and children.

E. The following telephone numbers shall be in a place accessible and readily available to the staff:

1. Telephone numbers where each child's parents and emergency contact persons may be reached;

2. Telephone number of the physician of each child designated by the parents;
3. Telephone numbers where staff, their families, and designated physicians of staff members may be reached.

706 First Aid and CPR Certificates

A. All staff working with children shall receive training in Pediatric First Aid and certified in Child CPR, including management of a blocked airway and rescue breathing.

B. A first aid manual shall be readily accessible to all adults at the facility.

C. Minimum first aid equipment shall be maintained and properly stored, readily available to staff, and not accessible to children. An additional complete first aid kit shall be taken on field trips and outings away from site. First aid kits shall contain:

- (1) Hand sanitizer
- (2) Alcohol
- (3) Band-aids or liquid bandages
- (4) Tweezers
- (5) Adhesive tape
- (6) Absorbent cotton
- (7) Non mercury containing thermometer
- (8) Cotton tipped applicator or swab
- (9) Tongue depressors
- (10) Sterile gauze
- (11) Bandage scissors
- (12) Hydrogen peroxide
- (13) Impervious disposable gloves

Additional first aid supplies are recommended:

- (1) Sealed packages of alcohol wipes or antiseptic
- (2) Safety Pins
- (3) Eye dressing
- (4) Pen/pencil and note pad
- (5) Cold pack
- (6) Insect sting preparation packets
- (7) Telephone number for the poison control center or 911
- (8) Distilled water
- (9) Small plastic or metal splint

(10) Liquid Soap

707 Animals

A. Animals at the facility shall be vaccinated according to the recommendations of a licensed veterinarian. Documentation of such vaccinations shall be filed at the facility.

B. The facility and surrounding yard shall be kept free of stray animals and animal waste.

708 Smoking/Alcohol/Substance Abuse

A . Facilities shall have written policies specifying that smoking, use of alcohol, and use or possession of illegal substances or unauthorized potentially toxic substances are prohibited in the facility when children are in care.

B. The use of tobacco (in any form), alcohol, and illegal drugs shall be prohibited on the facility premises during the hours of operation .

709 Persons Permitted at the Facility

When children are present, no person whose behavior or health status endangers the health, safety or well being of the children may be allowed at the facility. Any person with symptoms of contagious disease or physical or mental condition which would be harmful to the children or who appears to be intoxicated shall not be allowed at the facility while children are present.

SECTION 8

(800)

FIRE, HEALTH, BUILDING AND SAFETY

801 Emergency Procedures

A. In case of danger from fire, the first responsibility of the operator and staff of the facility shall be the evacuation of the children.

B. All facilities must have a certificate indicating that it meets Fire Service Regulations and has passed annual inspections including having required fire extinguishers on site (see appendix for current regulations).

C. An emergency evacuation plan, which has been approved by the Fire Service, must be posted. Staff members shall be instructed in emergency procedures by Fire Services personnel. Emergency drills shall be held monthly at unexpected times. Centers shall document all emergency drills and all such documentation shall be submitted with license renewal application.

1. The facility shall have a written procedure for reporting and responding to

fire, flood, tornado, earthquake, hurricane, power failure, or other disaster that could create structural damages to the facility or pose health hazards. The facility shall also include procedures for staff training on this emergency plan.

2. The director or designee shall use a daily roster to check the evacuation and return to a safe indoor space, all children in attendance during an evacuation drill.

D. The facility shall have a written emergency plan outlining procedures for reporting and managing incidents or unusual occurrences that are threatening to the health, safety, or welfare of the children and/or staff. The facility shall also include procedures for ongoing staff training on this emergency plan. The following incidents, at a minimum, shall be addressed in the emergency plan.

1. Lost or missing child.

2. Sexual or verbal or physical abuse or neglect of a child (as mandated by the V. I. Code).

3. Injuries requiring medical, psychological or dental care.

4. Serious illness requiring hospitalization, death of a child enrolled in the facility, or death of a caregiver, including deaths that occur outside of child care hours.

(a) Procedure for a caregiver to accompany a child to emergency care services and remain with the child until the parent or legal guardian assumes responsibility for the child; and provision for a backup caregiver or substitute to make this feasible. Child/staff ratios must be maintained at the facility during the emergency.

(b) How to access emergency medical care - a hospital emergency room, clinic, or other constantly staffed facility known to caregivers and acceptable to parents.

(c) Procedure for re-supply of first aid kits following each first aid incident, and maintenance of required contents in a serviceable condition, by a periodic review of the contents.

(d) A plan for rapid response to choking, including posting of a chart near feeding areas showing choking response procedures for infants and young children.

E. Facilities providing services to children with special needs shall have a written plan for emergency, medical backup, medical procedures and training of staff.

This plan shall describe situations that may arise due to the child's condition and the appropriate procedures to be used with the child while he/she is in the care of the caregiver.

F. Smoke detectors shall be required and installed as specified by the V. I. Fire Code.

1. Smoke detectors installed shall be tested monthly and the batteries shall be replaced yearly.
2. Smoke detectors older than 10 years old shall be discarded.

802 Health and Sanitation

A. The Child care Facility shall have an approved annual sanitation inspection by the Division of Environmental Health of the Department of Health. The health permit from the Department of Health shall be prominently displayed in the facility at all times.

B. All rooms used by children shall be cooled, and ventilated to maintain comfortable temperatures, humidity, and air exchange and to avoid accumulation of objectionable odors and harmful fumes. There shall be adequate light and ventilation in all areas of the center. Fixtures shall be shaded.

C. There shall be an adequate supply of drinking water of a safe quality standard, which shall be certified by the Division of Environmental Health at least two times per year. Drinking water shall be available to the children at all times.

D. Adequate and clean water for flushing toilets and washing hands shall be available. Staff and children shall wash their hands for at least ten (10) seconds with soap and running water at the following times including but not limited to:

1. Before and after food preparation, handling, or serving;
2. After toileting or changing diapers;
3. After assisting a child with toilet use;
4. Before setting the table;
5. Before and after eating meals or snacks;
6. After handling pets or other animals;
7. After engaging in any act of personal hygiene;
8. After exposure to blood or blood-containing body fluids and tissue for

nose discharges.

9. Whenever hands are in contact with body fluids.

E. When plumbing is unavailable, the facility shall provide a hand-washing sink using a potable water supply.

F. Noses shall be blown or wiped with disposable, one-use tissue that are discarded in a plastic-lined and covered garbage container. Hands shall be washed after blowing as specified.

G. Food service utensils and equipment shall be properly cleaned and sanitized after each use. Hot used for proper sanitizing of dishes.

H . Paper and/or plastic plates and utensils shall be discarded after each use. No single service articles may be re-used.

I. Garbage shall be emptied into standard containers, which shall be fully covered and stored and emptied daily. There must be at least one (1) covered garbage container in each bathroom and kitchen.

J. Premises and child play areas shall be kept free of animal waste, insects, rodents, vermin or other pest infestations, and shall not provide shelter to pests.

K. Beds, cots, cribs, playpens or other furniture shall be sanitized and linens shall be cleaned and in good repair. Cots and linens shall be labeled and used for one (1) child only.

L. No child shall be permitted to remain in a wet bed.

M. Diaper changing procedures consistent with those recommended by the Centers for Disease Control shall be implemented and posted in the changing area.

N. Each room in which children who wear diapers are cared for shall have its own diaper-changing area.

O. Soiled diapers shall be stored in containers separate from other waste.

Conveniently located, washable, plastic-lined, tightly covered receptacles, operated by a foot-pedal, shall be provided within arm's reach of diaper-changing tables for soiled diapers. Separate containers shall be used for disposable diapers, cloth diapers (if used), and soiled clothes and linens.

P. Each waste and diaper container shall be labeled and kept clean and free of buildup of soil and odor. Waste-water from such cleaning operations shall be disposed of as sewage.

Q. The changing area shall never be located in food preparation areas and shall never be used for temporary placement or serving of food.

R. All frequently mouthed toys in rooms in which infants and toddlers are cared for

shall be cleaned and disinfected daily with a water and bleach solution and left to air dry.
S. Thermometers and pacifiers shall not be shared among children. However, reuseable thermometers with disposable sanitary covers are acceptable for multiple uses.

T. Disposable towels or reusable towels, laundered between uses, shall be used for cleaning. Disposable towels shall be (sealed in a plastic bag and removed to outside garbage.) Cloth towels shall be placed in a closed, foot-operated receptacle until laundered.

U. Cleaning supplies, pesticides, medications, and other hazardous supplies shall be properly stored in a locked area away from food supplies.

V. Floors shall be cleaned daily and be in good condition and repair.

W. No person with any infection, cold or other contagious illness shall be involved in the preparation or service of food.

X. Each child shall have his own towel, wipes and other personal hygiene effects. Towels and washcloths must be washed in hot water or replaced daily. Paper towels are preferred but must be properly discarded after use.

Y. Changing tables with disposable covers must be used whenever children are changed. Covers must be changed after each use.

Z. One time use, disposable gloves (i.e., latex or latex free) must be used by all employees when coming in contact with body fluids and when changing diapers. Gloves should be changed after each child.

AA. Spills of body fluids (i.e., urine, feces, saliva, nasal discharge, eye discharge, and injury or tissue discharges) shall be immediately cleaned and disinfected. Gloves shall be used in these situations unless the amount of body fluid is so small that the material used for cleaning can easily contain it. If disposable gloves are used, they must be discarded immediately and hands washed. Gloves shall be used at all times in the presence of blood and shall be sanitized, washed, and dried after every use.

1. Mops shall be cleaned, rinsed in sanitizing solution, and then wrung as dry as possible and hung to dry.

2. Blood-contaminated material and diapers shall be disposed of in a special biohazard labeled plastic bag with a secure tie, and moved to the outside garbage receptacle.

803 Compliance With Building Code and Zoning Laws

A. Facilities shall be in compliance with the Virgin Islands Building Code, the

Virgin Islands Zoning and Subdivision Law, and any and all other laws and regulations concerning land use and building standards.

B. Plans to erect new buildings, or to remodel existing buildings, shall be submitted to the Department of Planning and Natural Resources (DPNR), Department of Human Services, Fire Services, and any other appropriate government agency for review and approval in accordance with the law. Construction, renovation, remodeling, or alterations of structures during child care operations shall be done in such a manner as to prevent hazards or unsafe conditions.

C. The facility shall make reasonable accommodations for accessibility for children and/or parents with disabilities in accordance with the Americans with Disabilities Act of 1990 (ADA).

D. The structure of the facility shall permit children fast and safe exit in case of an emergency consistent with the evacuation plan.

1. Only the ground floor level of any building shall be occupied by children.

2. The facility must have a minimum of two (2) exits to the outside, located on different sides of the building. Exits must be kept free and clear of objects, debris, and other impediments at all times.

3. Exterior doors shall be a minimum of thirty-six (36) inches wide, and shall open outwardly, in direction of travel. Door openings shall be maintained to be easily opened from the inside .

4 . At least one (1) egress (exit) window that readily opens in case of emergency shall be required in each room occupied by children .

804 Safety

A. The buildings, grounds, and equipment shall be properly repaired and maintained to protect the health and safety of the children.

I. Facilities shall be supplied with electric service that meets the basic requirements set forth in the V. I. Code.

2. All electric cords and appliances must be in safe working condition and must be UL approved. All wiring and electrical fixtures must be approved by fire inspectors. All electrical outlets accessible to children shall have electrical outlet safety covers.

3. Electric fans, if used, shall be mounted high on the wall or ceiling or shall be guarded to limit the size of the opening in the blade guard to less than a half (½) inch. Electric fans shall not be hung below light fixtures.

4. No window air conditioners shall be installed where children can reach working parts. Where 220-volt window unit connections are within children's reach, a screen or guard shall protect the connection.
 5. Gas appliances shall have metal tubing and connections, unless otherwise approved by the fire inspectors.
 6. Stairs and porches shall have railings (to prevent injuries) the children can reach. Railings and other wooden structures shall be free of splinters. Stairs shall be in compliance with DPNR regulations.
 7. Garbage cans shall be covered at all times.
 8. Combustible materials shall be kept away from light bulbs and other heat sources.
- B. Indoor and outdoor equipment and materials shall be safe for the children. Kept in good repair and working condition and staff shall supervise all children to ensure they are using the equipment safely.
1. Equipment, materials, accessories, and furnishings shall be sturdy and free of sharp point corners, splinters, protruding nails or bolts, loose rusty parts, hazardous small parts, or paint that contains lead or other poisonous materials. The area surrounding indoor and outdoor equipment and materials shall be kept free from small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child.
 2. Outdoor play equipment shall be away from high traffic areas in the yard, and shall be securely anchored, unless portable by design. All play equipment shall be constructed and installed in such a manner as to be safe for use by children according to recommendations by the United States Consumer Product Safety Commission.
 3. Indoor and outdoor structures or equipment with hard or sharp surfaces or edges shall be covered with protective padding.
 4. Anchored play equipment shall not be placed over, or immediately adjacent, to hard surfaces .
 5. All pieces of playground equipment shall be surrounded by a resilient surface consistent with the guidelines established by the U.S. Consumer Product Safety Commission.
 6. All pieces of playground equipment shall be designed to guard against entrapment or situations that may cause strangulation. Equipment should

be designed too large for a child's head to get stuck or too small for a child's head to fit thru. Please refer to the guidelines in the U.S. Consumer Product Safety Commission Report.

7. Outdoor play equipment that is accessible to children shall not be coated or treated with toxic materials.

8. All outdoor activity areas shall be maintained in a clean and safe condition by removing abandoned cars, old appliances (e.g., refrigerators & stoves), debris, dilapidated structures, broken or worn play equipment, building supplies, glass, sharp rocks, twigs, toxic plants, and other injurious material. The play areas shall be free from anthills, or other visible insect hazards (e.g., wasps' nest), unprotected ditches, wells, holes, grease traps, cisterns, cesspools, and unprotected utility equipment. Holes or abandoned wells within the site shall be properly filled or sealed. The area shall be well drained with no standing water.

9. Strings and cords (e.g., those that are parts of toys, or those that are found on window shades) that are long enough to encircle a child's neck (6 inches or more) shall not be accessible to children.

10. Infants, toddlers, and preschool children shall not be permitted to inflate balloons, nor shall they have access to deflated or under-inflated balloons.

11. All children and adults shall wear approved safety helmets while riding bicycles at all times and shall wear safety helmets, elbow pads, and wrist guards while using skateboards and roller blades or in-line skates at all times. Approved helmets shall meet either the American National Standards Institute (ANSI) Z90.4 or Snell Memorial Foundation Standard.

12. Toys containing any explosive agency (such as "caps") or that tend to propel a missile of any description (such as "darts" or "BB's") shall not be allowed.

C. Toxic substances, both indoors and out, shall not be accessible to children. All chemicals used inside or outside shall be stored in their original containers in a safe and secure manner, accessible only to authorized staff. They shall be used only according to the manufacturer's instructions, and in a manner that will not contaminate play surfaces or articles. When not in use, such materials shall be kept in a place inaccessible to children and separate from stored medications and food. (The Environmental Protection Agency has a list of restricted chemicals unsuitable for use in a child care environment.)

1. All toxic pesticides shall be applied by a licensed exterminator in a manner approved by the Environmental Protection Agency. Application shall be directly observed by a member of the child care staff to be sure toxic chemicals applied on surfaces do not constitute a hazard to the children and staff. No pesticide shall be applied while children are present.
2. No restricted-use pesticide shall be stored on the premises and can only be applied by properly licensed persons. Only a licensed person shall be authorized to use pesticides.
3. Chlorine products shall never be combined with ammonium compounds, as they produce a poisonous gas when mixed together.
- D. Glass doors must be properly marked to prevent accidents and injuries.
- E. The facility shall not have any firearms, pellet or BB guns (loaded or unloaded), darts, or cap pistols within the premises at any time.
- F. Matches and lighters shall be stored in a location that is inaccessible to children.
- G. Gasoline and similar flammable materials shall be stored away from the children in a separate building.
- H. All plastic bags, whether intended for storage, trash, diaper disposal, or any other purpose, shall be stored out of reach of children.
- I. Environmental hazards, such as pits, abandoned wells, cisterns and abandoned appliances, that present a risk for entrapment or inhumation (burial) shall be covered or made inaccessible to children.
- J. The poison control center and/or physician shall be called for advice about safe use of any toxic products (e.g., pesticides, plants, rat poison) or in any ingestion emergency, and advice from the poison control center shall be documented in the facility's files.
- K. When the manufacturer's Material Data Safety Sheet shows the presence of any toxic effects, these materials shall be replaced with non-toxic substitutes. If no substitute is available, the product shall be eliminated.

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:

Listed in the Department's website at [www/dhs.vi.gov/Rules and Regs](http://www/dhs.vi.gov/Rules%20and%20Regs)

An employee in this class is responsible for ensuring compliance and recommending appropriate actions in the licensure and certification of child care and youth residential facilities.

Minimum Qualifications

Graduation from college with a B.A. in Early Childhood Education, Social Services or a related field with two (2) years experience. Applicants who do not meet required education may substitute experience on a year by year ratio, or a minimum of three (3) years experience as a licensing assistant, with a recommendation for promotion, or a minimum of five (5) years experience in Child Development, Early Childhood Education, with a professional credentials, or a related social field.

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 precensure 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

[Licensed providers receive four \(4\) unannounced visits annually.](#)

Section 3 Item 303

Application for Renewal of License

A facility may apply for a renewal of its license in accordance with the provision of this Section and the rules and regulations promulgated by the Department no later than ninety (90) days prior to expiration of its license. The application must be completed and acted on prior to the expiration of the license. This is not the same as a new license . Evaluation to determine if the applying facility meets all requirements must include at least four (4) visits to the facility and review of all required forms and records.

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

c) Inspections for License-Exempt CCDF Providers (except those serving relatives) -
It will have policies and practices that require licensing inspectors (or qualified monitors

designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements:

The Virgin Islands does not regulate license-exempt providers; however, Family, Friend and Neighbors (FFN) or relative care who participate in the Subsidy program are regulated.

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

d) **Ratio of Licensing Inspectors**) - It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be

maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

Yes.

The State/Territory certifies that it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors:

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

Overall Target Completion Date (no later than November 19, 2016) [10/01/2016](#)

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

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

[The Department is in the process of hiring additional inspectors to maintain a sufficient level and continued follow up with Human Resources are conducted regularly. Follow-ups were made on 8/21/15, 9/9/15 and 3/15/16 via e-mail as well as other verbal status request .](#)

Unmet requirement - Identify the requirement(s) to be implemented [the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law.](#)

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

[The Department of Human Services will hire additional inspectors as requested.](#)

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

Projected end date for each activity: 10/01/2016

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

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
[The Department's Human Services Office.](#)

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):

[The Department's website at www/dhs.gov.vi- Section 406 in the Rules and Regs and the Virgin Island Child Abuse and Neglect Law.](#)

[506 Child Abuse or Neglect Mandatory Reporting Requirements \(Page 14\)](#)

[All the operators, directors, owners, and employees and staff of Child Care Facilities must comply with the reporting requirements of the Virgin Islands Child Abuse and Neglect Law , 5 V.I.C. Sections 2532 to 2554 which mandates that;](#)

[A. When any operator, director, owner or employee of a day care center has reasonable cause to suspect that a child has been subjected to physical abuse, sexual abuse, or neglect, or observes the child being subjected to conditions or circumstances that would reasonably result in abuse or neglect, he or she shall immediately report it to the Department of Human Services, Office of Intake & Emergency Referral.](#)

[B. In the case where an employee is required to make a report under subsection \(a\), the employee shall notify the operator of the known or suspected abuse/neglect and the operator shall also be responsible to make a report to the Department of Human Services, Office of Intake & Emergency Referral.](#)

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

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

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

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

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

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

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

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

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

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

Yes, all relatives are exempt from all inspection requirements.

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

Yes, some relatives are exempt from inspection requirements.

If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the

State/Territory ensures the health and safety of children in relative care.

No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

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

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

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks - Fees that a State/Territory may charge for the costs of

processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency - The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process - The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks.

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

Fully implemented and meeting all Federal requirements outlined above.

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

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

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

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

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

[The Department has substantially completed all, except the consumer education website. The Department's website is in the process of being updated. During the last meeting in March, the Department had ongoing communication with the Bureau of Information Technology \(BIT\) regarding upgrading the website; however, dates are pending. In the interim, Licensing, Subsidy and Quality units will provide updated website information to be posted on the current website effective April 25 - September 30, 2016.](#)

Unmet requirement - Identify the requirement(s) to be implemented. [Ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website](#)

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

[The consumer education website.](#)

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

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

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

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

[Bureau of Information Technology \(BIT\).](#)

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 will partner with the Virgin Islands Police Department. A Memorandum of Understanding is in place to govern the 3rd party background checks. The appeals process will be conducted internally in conjunction with the Department's Human Resources and Legal Department.](#)

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 Virgin Islands Police Department would respond to requests from other states and territories.](#)

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:

The Department of Human Services will convene a committee to review appeals due to felony drug offenses.

No.

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

Yes.

Describe:

No.

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

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

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

Describe.

No, relatives are not exempt from background checks.

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

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

Describe.

The Department of Human Services has a Memorandum of Understanding with the Virgin Islands Police Department, which stipulates that the fees cannot exceed administration and processing costs.

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue:

Describe.

The Department of Human Services consumer education website is currently unable to provide access to background check policies and procedures; however, trainings at various venues and locations are provided across the territory.

5.3.9 Does the Lead Agency release aggregated data by crime?

Yes.

List types of crime included in the aggregated data:

No.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

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

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

[6.1 Training and Professional Development Requirements](#)

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

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

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

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

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

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

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

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

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

Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.

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

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

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

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

[The Department has partially implement; however, quarterly trainings will conducted on the following topics:](#)

- [-April 30, 2016: Early Learning Guidelines Orientation](#)
- [-May 31, 2016: Professionalism in the Workplace](#)
- [-June 30, 2016: Parent/Family Engagement](#)
- [-July 31, 2016: Social Emotional Training](#)

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

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

[The Department provide training and additional trainings will be implemented as required.](#)

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

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

Agency - Who is responsible for complete implementation of this activity [The Department of Human Services, Office of Child Care & Regulatory Services.](#)

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

agency to complete implementation of this activity

The Department will partner with the Department of Health & Education.

6.1.2 Describe how the State provides ongoing training and professional development, provides for a progression of professional development (such as allows an individual to build on entry- and mid-level training and education both in terms of the skills and knowledge they attain but also in terms of credit that leads toward a higher level credential or certification, including articulation agreements) reflecting research and best practice to meet the developmental needs of participating children and improve the quality and stability of the child care workforce:

- State/Territory professional standards and competencies.

Describe.

The Virgin Islands is currently evaluating the work force to determine and provide professional development and competencies standards based on providers need.

- Career ladder or lattice.

Describe.

The Virgin Islands is currently evaluating the work force to determine and provide professional development and competencies standards based on providers need.

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

Describe.

The Virgin Islands is currently working towards fulfill this requirement. The Department of Human Services is in the process of securing an agreement with the University of the Virgin Islands (UVI) to provide scholarships for child care providers enrolling in the University of the Virgin Islands Inclusive Early Childhood Education Program.

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

Describe.

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

Describe.

The Virgin Islands completed a Work Force Data Survey in 2011, and plans to execute an updated survey in summer 2016. Although access to some data elements from the

previous survey is available, the plan will be developed and implemented to ensure that the VI have a Professional Development Registry.

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

Describe.

The Virgin Islands has worked closely with the Early Childhood Advisory Council (ECAC), whose members are appointed by the Governor of the United States Virgin Islands. The reappointment of the ECAC is currently inactive.

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

Describe.

Currently, the Virgin Islands does not offer CEU trainings or credit bearing professional development; however, these initiatives are forth coming through work conducted by the prior ECAC, with emphasis on recruiting qualified trainers with appropriate credentials.

- State-approved trainings.

Describe.

Currently, Virgin Islands does not offer CEU trainings or credit bearing professional development; however, these initiatives are forth coming through work conducted by the prior ECAC, with emphasis on recruiting qualified trainers with appropriate credentials.

- 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 Virgin Islands is awaiting the reactivation of the ECAC committee, which developed the Professional Development workgroup that pooled the participation of key stakeholders. This work group provided recommendations to develop a Professional Development system

6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements

Describe.

The Virgin Islands Early Learning Guidelines (ELGs) incorporate the Territory's health and safety standards, as well as socio-emotional and behavioral and early childhood mental health. The ELG domains include physical development and health, social and emotional development, approaches to learning, logic and reasoning, language development, literacy, math, social studies, science knowledge and skills, creative arts expressions, and English language development. The ELGs are a requirement in the Professional Development and the Curriculum and Learning Standards, under QRIS.

6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)

Describe.

N/A

6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Describe.

The Virgin Islands Professional Development and training is accessible to all licensed child care providers, including after school programs and Family, Friend and Neighbors (FFN) providers. The V.I. is in the process of translating guidelines, policies and procedures for

English language learners. Additionally, provisions are made to ensure that translations and interpretations are provided and accessible on a case by case basis.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

Financial assistance for attaining credentials and post-secondary degrees.

Describe.

The Virgin Islands is in the process of reestablishing scholarships for child care providers to attend the Inclusive Early Childhood Education program at the University of the Virgin Islands. Plans to continue the process of implementing scholarships for the CDA classes to be made available to child care providers.

Financial incentives linked to education attainment and retention.

Describe.

Registered apprenticeship programs.

Describe.

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

Describe.

Policies for paid sick leave.

Describe.

Policies for paid annual leave.

Describe.

Policies for health care benefits.

Describe.

Policies for retirement benefits.

Describe.

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

Describe.

The Virgin Islands offer trainings and workshops to provide support for providers mental health coordination with other agencies/partners. Information and referrals are also provided to providers via one-on-one technical and peer assistance.

- Other.

Describe.

The Virgin Islands offer free educational resources and training, and sponsors an annual Best Beginnings conference throughout the territory at a minimum cost to attending participants.

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 Virgin Islands recruits' child care providers and families from the entire community, regardless of language spoken. Translation of policies, procedures and regulations are in process and access to resources and translation/interpretation are provided on a case by case basis.

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

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

Other.

Describe.

None

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

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

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) [09/01/2016](#)

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

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

The Department currently employs bilingual staff and is in the process of collaborating with other internal and external entities to provide additional assistance.

Unmet requirement - Identify the requirement(s) to be implemented Use CCDF for activities to improve quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and 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.)

The Department will coordinate with other agencies and modify documents accordingly; however, tentative meeting dates are set with Quarterly trainings on the following topics:

-April 30, 2016: Early Learning Guidelines Orientation

-May 31, 2016: Professionalism in the Workplace

-June 30, 2016: Parent/Family Engagement

-July 31, 2016: Social Emotional Training

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

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

Agency - Who is responsible for complete implementation of this activity The Department of Human Services, Office of Child Care & Regulatory Services.

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.

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

CCDF funds.

Describe:

The Department will utilize the Quality set-aside to provide professional development.

Other funds.

Describe:

N/A

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

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

Describe:

The Department will provide on going training and professional development access and trainings.

Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2).

Describe:

The Virgin Islands Department of Human Services is currently implementing the social-emotional/behavioral and early childhood mental health of young children by providing written material, direct contact and training, as required.

- Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development.

Describe:

The Virgin Islands Department of Human Services will partner with internal and external entities to develop culturally and linguistically appropriate materials, PSA and trainings that would provide positive development.

- 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:

The Virgin Islands will use data to guide program evaluation to ensure continuous improvement by developing appropriate cultural and linguistic evidence-based curricula and learning environments that are aligned with the 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:

N/A

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

Describe:

The Virgin Islands will use data to guide program evaluation to ensure continuous improvement by developing appropriate cultural and linguistic evidence-based curricula and learning environments that are aligned with the Early Learning Guidelines

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

Describe:

N/A

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

Describe:

The Department will provide support and development to children with disabilities with available resources and technical assistance.

Supporting positive development of school-age children.

Describe:

N/A

Other.

Describe:

N/A

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling

State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities

Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education

Other.

Describe:

No.

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas?

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

Yes. If yes, describe:

a) Licensed Center-Based Care

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

Fifteen (15), child development, health and safety, nutrition, children with special needs, working with families.

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

Fifteen (15) child development, health and safety, nutrition, children with special

needs, working with families.

b) Licensed Group Child Care Homes

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

Fifteen (15) child development, health and safety, nutrition, children with special needs, working with families.

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

Fifteen (15) child development, health and safety, nutrition, children with special needs, working with families.

c) Licensed Family Child Care Provider

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

Fifteen (15) child development, health and safety, nutrition, children with special needs, working with families.

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

Fifteen (15) child development, health and safety, nutrition, children with special needs, working with families.

d) Any other eligible CCDF provider

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

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

No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

Fully implemented - as of March 1, 2016.

Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education

and/or technical assistance

The Department conducts training on a monthly bases in various areas and collaborates with partners to provided business practice trainings accordingly. Business training activities were conducted Feb. 3 & 4 and March 17 & 18. Additionally, training are being planned and coordinated.

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

Frequency dates has been identified, since the SAC is currently inactive in the Virgin Islands.

- 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:

The Department currently does not have the ELG linked to the website; however, when the DHS website is upgraded the ELG's will be made available.

Three-to-Five

Provide a link:

The Department currently does not have the ELG linked to the website; however, when the DHS website is upgraded the ELG's will be made available.

Birth-to-Five

Provide a link:

Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards).

Describe and provide a link:

Other.

Describe:

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

- Yes, the State/Territory has a system of technical assistance operating State/Territory-wide
- Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities
- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

- Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines.

Describe:

The Department will support child care providers in developing and implementing curriculum/learning activities based on the Early Learning Guidelines by providing technical assistance and training.

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

Describe:

N/A

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

Describe:

N/A

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

Describe:

N/A

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

Describe:

N/A

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.)

N/A

Other funds.

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

N/A

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

Implement updated Provider Agreements for QRIS grant to assist providers in raising quality with health and safety standards for Virgin Islands Steps to Quality (VIS2Q) pilot program providers.

Complete re-assessment of Virgin Islands Steps to Quality (VIS2Q) providers, to evaluate the movement of providers between step 1 and step 2 of the QRIS standards.

Implement Early Learning Guidelines (ELGs) training, which are recommended guidelines for early childhood development and needed by providers to move through Quality Rating Improvement Systems standard.

Begin new Virgin Islands Steps to Quality Pilot Program Cohort of child care providers across the territory.

Reinstate scholarship program with the University of the Virgin Islands to provide professional development and advancement for child care providers across the territory.

Fully Implement Quality Rating Improvement System (QRIS) Annual Training Calendar.

Implement revised VIS2Q based on lessons learned from cohorts 1 and 2.

7.1.2 Check and describe which of the following specified quality improvement activities

the State/Territory is investing in:

- Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2. Indicate which funds will be used for this activity (check all that apply)
- CCDF funds.
Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
- Other funds.
Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
- Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3. Indicate which funds will be used for this activity (check all that apply)
- CCDF funds.
Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
[The Department will utilize infant and toddler set aside funds.](#)
- Other funds.
Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
- Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4. Indicate which funds will be used for this activity (check all that apply)
- CCDF funds.
Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
- 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.)

[The Department will utilize quality set-aside funds.](#)

Other funds.

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

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

CCDF funds.

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

[The Department will utilize quality set-aside funds to accomplish this task.](#)

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.)

The Department will utilize quality set-aside funds.

- Other funds.

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

7.2 Quality Rating and Improvement System

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

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

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

The Virgin Islands has a QRIS operating as a pilot, but not fully operating Territory-wide.

There is no information regarding the QRIS currently on line; however, upon the website upgrades, the information will be provided.

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

Provide a link, if available

- No, but the State/Territory is in the development phase

- No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

- Participation is voluntary
- Participation is mandatory for providers serving children receiving subsidy.

If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.)

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

Describe:

[Compliance with Licensing standards is required for enrollment in the QRIS.](#)

- Designed to improve the quality of different types of child care providers and services
- Describes the safety of child care facilities
- Addresses the business practices of programs
- Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
- Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services.

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

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

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

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

Describe:

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

Describe:

The Virgin Islands currently does not have a metric system in place to evaluate the quality of child care programs and services in the State/Territory; however measurement will be developed to evaluate the VI progress in improving the quality of child care programs and services.

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

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

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

Check all that apply and describe.

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

Describe:

- Establishing or expanding the operation of community or neighborhood-based family child care networks.

Describe:

- Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

The V.I. is currently providing training and professional development targeted towards infants and toddlers. An Infant and Toddler Early Learning Guidelines was developed in 2014, and will be disseminated. Providers will be provided with increased supports on how to utilize the LGs in program planning.

- Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care.

Describe:

The VI will provide mini grants as a means of supporting providers to complete health and safety improvements, to indoor and outdoor environments. Additionally, financial incentives will be provided to child care providers who pursue training and certification in the area of infant and toddler development.

- 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:

Infant and Toddler standards are included throughout the VI Steps to Quality, where each step builds upon the basic licensing regulations and moves providers towards best practices in infant/toddler care.

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

Describe:

Infant and Toddler guidelines are included throughout licensing regulations in the Virgin Islands.

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

Describe:

The VI developed Infant and Toddler Early Learning Guidelines in 2014, which will be disseminated to child care providers. In addition, providers will be provided with increased supports to utilize the LGs in program planning.

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

Describe:

The VI is in the process providing consumer education access to parents via the web, telephone, social media, mass media and print material.

- 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 VI will partner with the VI Department of Education to access data on kindergarten readiness for early childhood program participants.

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system

State/Territory has a CCR&R system operating State/Territory-wide.

Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary

State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide

Describe:

State/Territory is in the development phase

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

Describe:

N/A

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 Virgin Islands uses CCDF funds to support training opportunities for child care providers in various areas, including Safe Sleep, First Aid/CPR, Poison Control and Universal Precautions, with an emphasis on communicable diseases. Additionally, plans will be made to increase training with a focus on outdoor environment to ensure playground equipment safety and appropriate set-up for outdoor activities.

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:

A metric system has not been developed; however, one will be developed to measure the activities.

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

A metric system has not been developed; however, one will be developed to measure the effectiveness of child care programs and services.

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:

A metric system has not been developed yet; however, one will be developed to measure the activities.

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

The Territory has a operating QRIS across the Virgin Islands, but it is not mandatory.

Yes, the State/Territory has supports operating as a pilot or in a few localities

Describe:

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

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

Describe:

N/A

7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development?

Please describe:

The Virgin Islands will continue partnering with the Territory Nutrition Program through the Department of Education to train child care providers on meal preparation and meeting nutritional guidelines for children.

The Nutrition program also provides nutritional resources to child care providers, children and families, to encourage healthy meal preparation and awareness of the importance of eating nutritionally balanced meals. Proper nutrition habits can provide a foundation for academic success.

Regarding health, the Virgin Islands has included health-related criteria in licensing and regulations, including health inspections, and partners with the VI Department of Health to promote awareness and compliance in meeting and addressing health concerns across the Territory. Technical assistance is also provided when public health concerns arise.

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

Describe:

The Virgin Islands does evaluate the progress monitoring in the area of health; however, the VI can measure the number of participating programs in the Territory Nutrition Program.

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 Department collaborates with the Department of Education, Head Start and other partnersto provide these quality initiatives.

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 Virgin Islands is not required to report program integrity violations; however, the VI has program integrity policies in place.

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:

Management and staff provides regular check-ins to ensure monitoring of timely implementation with partners and staff.

- Other.

Describe:

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF.

The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements.

Definition: "Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as "vendors"). The

description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified."

Describe:

The Department of Human Services Office of Child Care & Regulatory Services in conjunction with Fiscal Management will monitor, complete task and provide budgets according to federal guidelines.

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:

The Department's Management Information Systems runs quarterly reports that flag errors.

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:

The Department will recover all federal funds unintentional received based on the guidance of fiscal policies from Finance and legal offices.

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:

Same as above.

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:

The Virgin Islands is not required to report program administrative error; however, audits are conducted on parents and providers files.

None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as

defined in your State/Territory?

The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount:

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe:

- Other.

Describe:

- None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount:

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)

- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe composition of unit below

- Other.

Describe:

[Same as above.](#)

- None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, include action steps and completion timelines:

c) Check which activities the Lead Agency will use for administrative error?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount:

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe composition of unit below

- Other.

Describe:

[Same as above.](#)

- None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including

action steps and completion timelines

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

Disqualify client.

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

The Department will disqualify clients based on the nature of the program violations. All appeals must be submitted in writing and submitted for review.

Disqualify provider.

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

The Department will disqualify providers based on the nature of the program violations. All appeals must be submitted in writing and submitted for review.

Prosecute criminally

Other.

Describe:

The Department will review all program violations and will prosecute based on the nature and severity of the fraud.