

Child Care and Development Fund (CCDF) Plan For Indiana FFY 2022-2024

1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency 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) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

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

Identify the Lead Agency or joint interagency office designated by the state or 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) and 98.16(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Indiana Family and Social Services Administration (FSSA)

Street Address: 402 W Washington Street

City: Indianapolis

State: Indiana

ZIP Code: 46204

Web Address for Lead Agency: <http://www.in.gov/fssa/2552.htm>

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Jennifer

Lead Agency Official Last Name: Sullivan

Title: Secretary

Phone Number: 317-233-4690

Email Address: SecOffice.FSSA@fssa.in.gov

1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or 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 the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Nicole

CCDF Administrator Last Name: Norvell

Title of the CCDF Administrator: Director, Office of Early Childhood and Out-of-School Learning (OECOSL)

Phone Number: 317-234-3313

Email Address: nicole.norvell@fssa.in.gov

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

CCDF Co-Administrator First Name: N/A

CCDF Co-Administrator Last Name: N/A

Title of the CCDF Co-Administrator: N/A

Description of the Role of the Co-Administrator: N/A

Phone Number: N/A

Email Address: N/A

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 public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(i)(3)). Check one.

a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.

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

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

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

C. Other.

Describe:

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

C. Other.

Describe:

iii. Payment rates and payment policies are set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

C. Other.

Describe:

iv. Licensing standards and processes are set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

C. Other.

Describe:

v. Standards and monitoring processes for license-exempt providers are set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

C. Other.

Describe:

vi. Quality improvement activities, including QRIS are set by the:

A. State or territory

Identify the entity:

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

C. Other.

Describe:

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

1.2.2 The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify which entity(ies) implements or performs CCDF services.

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services.
Who conducts eligibility determinations?

CCDF Lead Agency

TANF agency

Local government agencies

CCR&R

Community-based organizations

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

CCDF Lead Agency

- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who issues payments?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors licensed providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors license-exempt providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who operates the quality improvement activities?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

- Tasks to be performed
- Schedule for completing tasks
- Budget which itemizes categorical expenditures in accordance with CCDF requirements
- Monitoring and auditing procedures
- Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

Indiana contracts with the agencies that determine client eligibility and the company that issues payments. Each of these contracts have Performance Measures that are monitored by state staff. For the Intake contracts that determine client eligibility, the state has a different contractor that monitors 100% of client files. State staff then monitor approximately 25% of the cases that were monitored by the contractor. One Performance measure in the Intake contracts is to adhere to an error rate that does not exceed 3%. Not meeting this metric results in a corrective action plan and could lead to contract termination. For the payment vendor, state staff uses a comparison of the Intake eligibility system and compares this to the number of active families showing in the payment system. By making this comparison the Lead Agency is able to identify any discrepancies in the payment data and assess performance. Both of these current contracts are also monitored through data mining and audits by the FSSA Audit team.

1.2.4 Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)).

Assure by describing how the Lead Agency makes child care information systems systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

Language is included in all the OECOSL contracts under Ownership of Documents and materials that state all documents, records, programs, data fil, tape, articles, memoranda, and other materials not developed or licensed by the contractor prior to the execution of this Contract, but specifically developed under the Contract shall be considered “work for hire” and the contractor transfer any ownership claim to the State, and such materials will be the property of the State. Therefore, documents, materials, code and software for child care information systems and information technologywill be available, to the extent practicable and appropriate.

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).

Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

The Lead Agency requires boiler plate language forthe Lead Agency contracts and grants used to administer CCDF funds. This boiler plate languageincludesSection 12. Confidentiality, Security and Privacy of Personal Information, This required boiler plate section outlines and includes the language thatdisclosure of confidential and personally-

identifiable information is prohibited. (contract language available upon request). The 805 application states, "I understand information concerning my family regarding the CCDF voucher program and the services I receive, will be treated as confidential and will be used solely for the administration of the CCDF voucher program." An applicant's or co-applicant's questions regarding a CCDF child care provider's ineligibility should be referred to the provider. Some denials or revocations may be based on confidential information.

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at
https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation

involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

The OECOSL consults with other state and local officials regarding the development of the State Plan through the Indiana Early Learning Advisory Council, local outreach efforts through the CCR&R network, and other early childhood initiatives. The state plan was presented at meetings for key partners to provide input. Input was incorporated into the plan.

Due to the unique circumstances of the last 18 months and the statewide Pandemic, OECOSL, has had the opportunity to engage child care programs, community partners, philanthropic organizations and legislators through the use of webinars, and virtual round table meetings. While some of these mediums were focused on COVID related issues the Lead Agency was also able to obtain vital feedback regarding the policies and procedures outlined in the CCDF state plan. Topics such as rates, the use of personal days, licensing regulations and practices and parent challenges were discussed at length. A list of those webinars and their recordings can be found at

<https://www.in.gov/fssa/carefinder/covid-19-coronavirus-guidance-for-oecosl-stakeholders/> under the heading "webinars."

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

During the 2013 legislative session, the Indiana General Assembly passed a bill establishing the Indiana Early Learning Advisory Council. The members are appointed by the Governor. The Lead Agency is a mandated member and is responsible for staffing the Council. The opportunity to comment on the state plan was presented to the Early Learning Advisory Council (ELAC) for input. Input was incorporated into the plan.

c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for

states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.

The Pokagon Band of Potawatomi Indians in Michigan administers limited funds to Indian families residing in Indiana. The Lead Agency consulted with a representative from the Pokagon Band of Potawatomi Indians on the development of the State Plan and incorporated feedback into the plan. The Lead Agency also shared the request for the waiver to the market Rate Study with the Pokagon band of Potawatomi and offered to share information that has been collected to date as well as collaborate once the study is fully completed.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

OECOSL consults with the Indiana Department of Education (IDOE) through monthly planning meetings. During these meetings, the Lead Agency shares information found within the State Plan and receives feedback which was incorporated into the plan. OECOSL and IDOE engaged in numerous cross-agency initiatives related to early childhood and out-school time. For example, OECOSL has worked with IDOE on workforce and professional development activities over the course of the last several years. Lastly, OECOSL supports public school preschool programs through the Indiana Accreditation Project and supports public school preschool teachers through the T.E.A.C.H. Early Childhood® INDIANA scholarships as well as state agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Act (Part C for infants and toddlers and Section 619 for preschool). The OECOSL Director is an appointed member of the Inter-Coordinating Council (ICC) for Indiana's IDEA Part C early intervention program (First Steps). The Lead Agency provided the State Plan to the Director of First Steps for feedback and incorporated feedback into the plan. The OECOSL funds the Indiana Early Childhood Higher Education Forum (IECHEF) and meets with the Forum to share initiatives and to collaborate on workforce issues. The Lead Agency presented the opportunity to comment on the State Plan to members of the Higher Education Forum and requested feedback that was incorporated into the State Plan. The Forum membership includes representatives from the state community college system and other 2- and 4-year higher education institutions. The Indiana Head Start State Collaboration Office (IHSSCO) is housed within the Lead Agency, which allows for close collaboration on system building initiatives between Head Start, Early Head Start, Child Care, State

funded Pre-K, and the Early Head Start-Childcare Partnerships. The IHSSCO has been directly involved in drafting the State Plan. State/Territory office/director for Head Start State collaboration OECOSL and the IHSSCO have worked closely with the EHS-CC Partnership grantees to support the success of these partnerships through collaborative coaching and technical assistance and the use of CCDF subsidies to support full day/full year services. Indiana United Ways, and three Child Care Provider Advisory Groups representing a wide range of provider types. The Lead Agency presented the opportunity to comment on the State Plan to these groups to gain feedback, and the feedback was incorporated into the State Plan. The Lead Agency contracts with Child Care Resource and Referral agencies and the Child Care Resource and Referral Central Office (CCR&RCO) to improve family access to high quality, affordable child care. This includes licensed provider recruitment and trainings; community awareness; parent resources and referrals; work-life solutions; and data collection and support. The Lead Agency contracts with the Indiana Association for the Education of Young Children (INAEYC) for professional development systems planning, provider career counseling, and education and professional development training. This is done through the T.E.A.C.H. Early Childhood® INDIANA project, CDA non formal training, an annual Indiana Early Childhood Conference, and provider support for accreditation. The Lead Agency consults with State and local health departments on a variety of health concerns related to child care including immunizations, prevention of illness, lead exposure prevention, and appropriate actions when unexpected health concerns arise. The Lead Agency has partnered with the Indiana State Department of Health to support their application for the Help Me Grow project, which they were awarded. The Lead Agency has supported the implementation of the Infant and Early Childhood Mental Health Endorsements (IMH-E)® and initiatives designed to improve access for providers and families to mental health consultants and mental health training opportunities. This has most recently included putting together a team of individuals from Indiana to work on systems building and identification of barriers to mental health services for Hoosier children. The Lead Agency consults with a variety of school age care organizations, including the Indiana Afterschool Network and the Indiana Youth Services Association. State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant Indiana State Department of Health, Maternal and Child Health Division administers the MIECHV funds. Two thirds of MIECHV goes to support Healthy Families Indiana. The remaining funds support Goodwill's Nurse Family Partnership. Healthy Families Indiana is administered by the State's child welfare agency, the Department of Child Services. The

Lead Agency is a member of the Indiana Home Visiting Advisory Board (INHVAB) which is the state advisory board for MIECHV. The Lead Agency works in collaboration with both organizations on outreach to families on the importance of high quality early education, PTQ, and the CCDF subsidy program. Home visiting is also a focus point for the Indiana Early Learning Advisory Council. The ELAC was instrumental in the Indiana State Department of Health's application for Help Me Grow and will serve as an advisory group for Help Me Grow during its implementation. The Lead Agency consults with the McKinney-Vento State coordinators for Homeless Education and the McKinney-Vento state coordinator through the Indiana Inter-Agency Coordinating Council for First Steps. The Lead Agency presented the opportunity to comment on the State Plan to these committees and received feedback which was incorporated into the State Plan. Examples of collaboration include the development and ongoing training and technical assistance through Child Care Resource and Referral outreach for providers on serving families and children experiencing homelessness. The Lead Agency also partners with the State/Territory agency responsible for mental health. The State agency responsible for mental health in Indiana is the Division of Mental Health and Addiction (DMHA) in the Indiana Family and Social Services Administration (FSSA). The Lead Agency is housed within the same agency (FSSA) and coordinates with DMHA on efforts and issues contained within the State Plan.

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).

Reminder:

Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

- a) Date of the public hearing. 06/21/2021 and 6/25/2021

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held,

please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a. 06/01/2021

Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c) How was the public notified about the public hearing? Please include specific website links if used to provide notice.

The public was notified via the FSSA OECOSL

Website <https://www.in.gov/fssa/carefinder/files/CCDF-State-Plan-Public-Hearing.pdf> and a publication in the Indy Star.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The public hearings were hosted virtual via a live stream to FSSA's Public Youtube Channel.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.)

The proposed CCDF Plan was available for public review at the FSSA, Office of Early Childhood and Out-of-School Learning, 402 W. Washington Street, Room W362, Indianapolis, Indiana 46204. The full plan documents were also available to be viewed online at <https://www.in.gov/fssa/carefinder/index.html>.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? Written comments regarding the CCDF Plan were accepted through 5:00 pm on June 25th, 2021; and may be sent to the FSSA via mail at 402 West Washington Street, Room W362, Indianapolis, Indiana 46204, Attention: Krystal Robinson; or via electronic mail at OECOSLproviderinquiry@fssa.IN.gov; FSSA published a summary of the written comments for public review at <https://www.in.gov/fssa/carefinder/index.html>;

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: <https://www.acf.hhs.gov/occ/resource/pi-2009-01>)

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

The state plan is available at this website: <https://www.in.gov/fssa/carefinder/child-care-assistance/>

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

Working with advisory committees.

Describe:

The opportunity to provide comment on the State Plan was shared with the Early Learning Advisory Council. Additionally, a link to the State Plan with information on how to make comments is posted on the ELAC website: <http://www.elacindiana.org/> as well as on the state OECOSL website: <http://www.in.gov/fssa/2552.htm>. Copies of the State Plan and amendments will also be made available to the Provider Advisory Groups. In addition, stakeholders including Head Start programs, CCR&R staff, IAEYC staff and other child advocacy organizations were invited to participate in the public hearings and provide comment. Families were also made aware of the public hearings via Indiana's comprehensive text/email platform to ensure that they were aware of the opportunity to provide input.

Working with child care resource and referral agencies.

Describe:

The State Plan was shared with the Indiana Child Care Resource and Referral Central Office and with the local Resource and Referral agencies, and a link to the State Plan that is available for public comment is housed on their website at:

<https://earlylearningin.org/>.

Providing translation in other languages.

Describe:

If there is support needed in accessing the plan in other languages, a request can be made to OECOSL via email at oecoslproviderinquiry@fssa.in.gov or in writing to:

Indiana Family and Social Services Administration
Office of Early Childhood and Out-of-School Learning
402 W. Washington Street, Room W362, Indianapolis Indiana, 46204

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

Describe:

The Lead Agency will utilize FSSA social media resources including Twitter to make the public aware of the public hearings, State Plan, and any amendments. The Lead agency will also utilize Facebook accounts of the local CCR&R Agencies to make the plan and amendments available. Lastly, the State will utilize the email addresses and phone numbers for text alerts that are available to send out information to families, providers, and other stakeholders.

Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

Describe:

Copies of the draft State Plan and amendments will be emailed to key stakeholders. Additionally, a presentation will be given to key system partners including the CCRR's and Central Office, Spark Learning Lab, Indiana AEYC, Infancy Onward, Higher Education Forum Chairs, Provider Advisory Committee Chairs, Regional Advisory Council Chairs, Indiana Afterschool Network, and QRIS Raters.

Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or 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. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions 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 the quality of services for infants and toddlers through school-age children;
- linking comprehensive services to children in child care or school age settings; or
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

Indiana is committed to developing a high quality mixed delivery early education system that coordinates available funding and services across agencies and providers that supports families with services that meet their families' and children's needs. The Lead Agency administers the State's publicly funded pre-K initiatives: the On My Way Pre-K Program. It is mandated that these pre-K initiatives include a variety of high quality provider types including public and non-public schools, licensed centers and licensed family homes, Head Start programs and faith-based registered ministries. The Lead Agency has worked closely with the Indiana Early Learning Advisory Council (ELAC), the Indiana Department of Education, the Association of Non-public Schools, Head Start and other local community based providers, the local CCR&R agencies, local United Way agencies, local education collaboratives, foundations and other philanthropic organizations to expand high quality cross-sector provider capacity. OECOSL will continue to work closely with these groups through the issuance of capacity building grants, coordinated technical assistance, and cross-training to increase family access to high quality early care and education programs. PTQ, the State's quality rating and improvement system, is the framework for quality improvements for all provider types including those participating in the state funded pre-k initiatives as well as Infant/Toddler served in homes and facilities. State funded pre-k programs must be rated Level 3 or 4 on PTQ (with the exception of On My Way Pre-K programs located in non-public schools which must be Pre-K accredited by a regional or national approved pre-k accrediting body). This common definition of high quality and the support provided through the PTQ system allow for effective cross-sector quality improvements. There are many benefits to the utilization of a common definition and measure of high quality. PTQ rates the entire program, not just the preschool classrooms. Therefore, as a program's quality rating level increases with the goal of pre-k participation, all children in the program benefit from the increased quality of services provided. Coordinated efforts designed to increase PTQ participation and level advancements will continue throughout the next three years with a specific focus on areas of the State that have little access to high quality early education. The Lead Agency collaborates with Head Start, Title I, IDEA part B, and the CCDF voucher system and other available funding streams to maximize available resources and provide full day/full year services as needed by families. This includes local technical assistance, in partnership with IDOE and the IHSSCO, on layering funds and how to

develop partnerships that promote full day/full year services. The technical assistance will continue to expand throughout more local areas over the next three years. The Lead Agency also collaborates with local preschool initiatives to provide seamless, no-wrong door services for families. In addition to this collaborative work done to support state funded pre-k efforts, the Lead Agency partners with the IDOE and Head Start, through the IHSSCO on multiple initiatives designed to better support families with preschoolers by improving transitions to Kindergarten; improving school readiness by aligning of the State's Early Learning Guidelines and QRIS standards. This also includes partnerships with statewide and community school age organizations. Throughout this plan period, the IHSSCO will prioritize the following initiatives:

1. Transition to Kindergarten Summit collaboration between IDOE, On My Way Pre-K and the IHSSCO to support children and families transitioning to kindergarten. This will include developing relationships for sharing kindergarten readiness data and information and sharing regional best practice models, which include programs successfully blending and braiding funding from multiple sources to support children.
2. The IHSSCO continues to work with the IHSA to promote blending and braiding funding opportunities and facilitates programs wanting to explore promoting full day/full year services for their families. We recently met with Family Development Services (Marion and Hamilton counties) about moving forward so they can offer full day services to their families, and we are getting ready to meet with Human Services inc. (Bartholomew, Brown, Decatur, Jackson, Johnson and Shelby counties).
3. Ongoing quarterly meetings with the Early Head Start-Child Care Partnership grantees on the need for additional slots for subsidies in order for programs to provide full day/full year services to families.
4. Continued Monthly Directors' calls and meetings for brainstorming and sharing of ideas and networking , including around blending and braiding of funding.

ii. **State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results:**

The Director of the Lead Agency and the IHSSCO director are appointed members of the Indiana Early Learning Advisory Council. The ELAC has topic specific workgroups to provide policy recommendations across all aspects of early learning. The Lead Agency staffs the ELAC and has lead agency staff assigned to each of the workgroups. Goals for this coordination over the next three years include activities related to the 2020 ELAC Annual Report which can be found at <http://www.elacindiana.org/data/annual-reports/>

Goals will include increased funding, collaboration, and flexibility; Enhanced and increased use of business management supports; the study of other states use of tax credits and incentives to support families and early care and education professionals; strengthening early care and education data reporting and sharing.

Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:

The Lead Agency consults with a representative from the Pokagon Band of Potawatomi Indians on the development of the State Plan and has shared any information requested.

N/A-Check here if there are no Indian tribes and/or tribal organizations in the state.

iv. State/territory agency(ies) 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 Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:

The Lead Agency sits on the First Steps Interagency Coordinating Council (ICC). Over the next three years, the Lead Agency will continue to work with the ICC to coordinate outreach efforts to families, early education providers and First Steps providers on developmental screenings, cross-training opportunities, awareness of the availability of child care subsidies and the importance of high quality early education experiences for children experiencing delays or disabilities. The Lead Agency works closely with the Indiana Department of Education (IDOE) on how to effectively partner around topics such as integration between the State funded Pre-k program and pre-k programs administered under Part B. Additionally the Lead Agency has standing meetings with the IDOE to work on items such as transition and effective communication between local educational agencies and early childhood programs. Lastly, the Lead Agency is collaborating with IDOE to select a social emotional learning assessment for Pre-k students. A survey has also been sent collaboratively to both early childhood educators and kindergarten

teachers. The KRI is being implemented in Indiana On My Way Pre-K programs to provide stakeholders with information about children's math and literacy development. However, the same uniform approach does not exist for assessing social emotional learning (SEL). The purpose of this group is to identify a menu of evidence-based SEL assessment options for early childhood educators that complement the existing measures of math and literacy being administered in pre-k classrooms.

v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:

The IHSSCO is located within the Lead Agency. The Lead Agency and the IHSSCO director have identified increasing full day, full year services statewide, enhancing data collection and analysis to improve school readiness outcomes, and increasing Head Start participation in PTQ, CCDF and state funded pre-k as primary goals for the next three years. The Lead Agency will explore the option of partnering with Head Start and Early Head Start programs willing to extend hours to CCDF eligible families through contracted slots. This would allow for layering of resources and support linkages to comprehensive services. The IHSSCO will help facilitate a smooth transition from Head Start to child care by aligning the Head Start Early Learning Outcomes Framework and the Indiana Early Learning Foundations and aligning the new Head Start Performance Standards with child care licensing and PTQ. While this effort was paused due to the COVID-19 Pandemic, we plan to collaborate with the IHSSCO to explore joint training opportunities and other strategies for increasing Head Start/Early Head Start participation in licensing and PTQ. The goals of joint training and increased QRIS participation are to reduce duplication of efforts and streamline services for families. Additionally, Head Start and Early Head Start programs were given priority for new contracted CCDF slots. Contract centers were encouraged to participate in the federal Early Head Start-Child Care Partnership (EHS-CC) grant and meet all requirements of the grant. Children served by the funding awarded also are recipients of the Early Head Start services included in the EHS-CC partnerships.

vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:

The Lead Agency coordinates with the Indiana State Department of Health (ISDH) to increase immunization rates, prevent childhood obesity, support and encourage breast feeding, prevent lead poisoning, and promote developmental screenings. Goals of this

collaboration include increased immunization rates, increased use of developmental screenings and well child visits, prevention of lead poisoning and prevention of childhood obesity by providing additional information, resources and training to families and providers. OECOSL also partnered with the Indiana State Department of Health and several other state agencies to create and support the implementation of an Educator Wellness Toolkit. While this Toolkit was released in 2021, we anticipate additional implementation activities over the next two years. In an effort to ensure healthy and safe communities OECOSL also partners annually with the Indiana State Department of Health to send out messages via text and email to all families receiving child care subsidies as well as child care programs about the importance of receiving the flu vaccine. This campaign is written by ISDH and sent out by OECOSL to incentivize wide adoption of receiving the annual flu vaccine.

vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:

The Lead Agency coordinates with the TANF Impact program, the work support program for individuals receiving TANF benefits, by providing priority enrollment in the CCDF voucher program. Future goals include better streamlined services for TANF Impact families, increased outreach to families participating in the Impact program about the importance of high quality child care and the PTQ system including the provision of face-to-face referral services and the exploration and expansion of two generation approaches to poverty reduction. OECOSL has also collaborated on state wide presentations regarding programs offered through the Department of Workforce Development to educate programs about opportunities. Goals for the next three years include increased partnerships, at the local level, to expand supports that are available through adult education programs and OECOSL funded non-formal CDA project.

viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

The Lead Agency partners with the Indiana Department of Education (IDOE) on multiple initiatives including state funded pre-k; improving transitions to Kindergarten; improving school readiness by aligning the State's Early Learning Guidelines and QRIS standards. OECOSL worked with public school representatives to create a tool to assist public schools in understanding the eligibility process in order to increase public school participation in the CCDF and Pre-k program. The results of this work can be found at:

<http://providers.brighterfuturesindiana.org/> .Goals for the next three years include expanding local partnerships between public schools and community based programs to expand family access to full day/full year services, kindergarten readiness assessment tool, increased public school participation in PTQ and the development of additional cross-training opportunities on dual language learners and family engagement. Additionally, OECOSL has modified the process for entering CCDF attendance to provide opportunities for schools to receive payment more efficiently without being burdensome on families. The most recent update included that all attendance for On My Way Pre-K is able to be entered electronically without parents utilizing their swipe card. This policy change was directly related to feedback received from the ELAC and resulted in a more streamlined process for schools and families who are able to utilize transportation to and from the pre-k program. Lastly, the Lead Agency plans to work with IDOE (Part B) and First Steps (Part C) to increase partnerships between early intervention services and community based child care programs.

ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

Child care licensing is located within the Lead Agency and is fully integrated in the State Plan. Licensing is the first level of Indiana's QRIS system, PTQ, and is heavily involved in strategic planning, cross-training, and collaborative coaching and technical assistance activities. Goals over the next three years include the continued exploration of differentiated monitoring, increased training and continuity between licensing regulations, and tools to provide better understanding of the licensing regulations that support child growth and safety.

x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

The three year goal for the collaboration with the IDOE's CACFP program is to continue to share compliance data in order to improve compliance for both programs, continue to align program nutrition standards, increase the coordination of trainings to increase access to high quality nutrition training without duplicating services, and promote awareness of both programs among early care and education providers so that the rate of CACFP participation increases. Coordination occurs with CACFP on provider specific issues as both agencies share information to ensure that all regulations are being

adhered to. Heavy collaboration also occurs between the CACFP and Childcare licensing to assure that there is alignment in nutritional standards and practices. Additionally, the Lead Agency has participated in multiple presentations with the CACFP and other programs to provide information and support to school age programs on the resources available within the various agencies. Goals for the next three years include robust supports for programs that are not yet eligible for CACFP or who have applied and been denied. These supports will be a collaboration between the States Technical Assistance vendor and IDOE to ensure that the right assistance is available in order to ensure more programs can participate in CACFP. Additionally, the Lead Agency worked with IDOE to increase CACFP reimbursements in response to the COVID-19 Pandemic using CRRSA Funds.

xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results: OECOSL has aligned CCDF policies and procedures with the McKinney-Vento Homeless Education Assistance Act. OECOSL's goal is to increase the availability of provider trainings on best practices for serving children and families who are experiencing homelessness and housing insecurities and to increase awareness of PTQ and the CCDF voucher program among agencies serving homeless families. OECOSL will coordinate with the Indiana Department of Education McKinney-Vento state coordinator to align and share resources for identifying and supporting children who are experiencing homelessness and housing insecurities. OECOSL will continue to provide training and technical assistance through Spark Learning Lab and the Department of Education McKinney-Vento liaison to child care providers serving families who are experiencing homeless and housing insecurities. Through this partnership, the IHSCO Director is now connected to the Education Leads Home (both national and local) and the Youth Homelessness Demonstration Project. The three year goal is to increase providers' knowledge and skills around serving children and families who are experiencing homelessness and housing insecurities and continue to promote collaboration between partners. The OECOSL team will also begin to create strategies to support these efforts and provide additional education, data, and resources across the system.

xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

The Lead Agency is housed within the same division as the office responsible for administering the TANF program. CCDF coordinates with TANF by allowing priority referrals for child care subsidies to increase the success of work efforts. Goals include streamlined services for families, increased outreach to families about the importance of high quality early care and education, how to locate a PTQ provider including through the provision of face-to-face referrals, and the exploration and expansion of two generation approaches to poverty reduction.

xiii. Agency responsible for Medicaid and the state Childrens Health Insurance Program. Describe the coordination goals, processes, and results:

The division responsible for the administration of Medicaid is housed within the same agency (FSSA) as the Lead Agency. Shared goals for the next three years include increasing the number of families and children insured through one of the Medicaid supported programs. This will result in more children with access to recommended screenings and well child visits. The Lead Agency is also working to increase provider and CCDF client awareness of the availability of health insurance through Medicaid and the importance of regular screenings for children through EPSDT as recommended by the AAP/Bright Futures.

xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:

Over the next three years, the Lead Agency will be working in partnership with the Division of Mental Health and Addiction to increase provider and family awareness of the importance of early childhood mental health, to increase access to mental health services for families, and to provide additional mental health related trainings to providers. Indiana FSSA has recently launched the "Be Well Indiana" which provides resources for Hoosiers for them to stay connected to mental health resources and maintain their well being. This resource allows for connection to on demand help and connection to the Be Well Crisis Helpline supported by 211. OECOSL partnered with the DMHA to spread broadly through its communication channels this resource. In addition, DMHA provided training to all of the CCR&R agencies about Be Well Indiana to be used in their work with children and families. The Lead Agency also partners with Infancy Onward (Mental Health America of Indiana) to provide support for Early Childhood

Mental Health Endorsements and professional development on this topic. In partnership with the Division of Mental Health and Addiction (DMHA), all system partners have received information and training on Be Well Indiana. This initiative includes supports and services compiled by DMHA to help Hoosiers stay connected and maintain their well-being. These include mental health and wellness resources, substance use and recovery resources, COVID-19 resources, and places to get assistance.

xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:

Indiana's coordinated interagency network of ECE provider supports consists of 5 CCR&R Agencies, the CCR&R CO, the Indiana Association for the Education of Young Children (INAEYC) and SPARK Learning Lab. These agencies make up a network of supports that are contracted to support the implementation of the state plan. The CCR&R network provides extensive support including provider recruitment and enrollment, parent training and support through consumer education referrals to ECE programs, research and surveys within their catchment areas to determine strategies for connecting families to needed resources, support the implementation of the 2Gen Framework, raise community awareness through the building of community coalitions and partnerships and collect data on supply and demand needs at a local and state level. SPARK Learning Lab, Indiana's statewide technical assistance and coaching vendor is responsible for providing training, technical assistance and specialized coaching to ECE programs. Indiana AEYC is responsible for workforce development through projects such as T.E.A.C.H. scholarship program, the CDA project and accreditation project. The goals for these partnerships over the next three years include insuring that CCR&R services better meet the holistic needs of families, children, and communities and the expansion of provider trainings that are high quality, stackable and sequential, as well as providing assistance with the implementation of increased health and safety standards for providers. Ongoing goals include increased PTQ enrollment, technical assistance, training, and other supports to assist providers of all types in continuous quality improvement through the levels of PTQ. Other three year goals include the development and support of local early education collaborative and enhancing partnerships between CCR&R, local CCDF Eligibility Offices, and TANF/IMPACT offices to ensure that low income families are aware of and have access to CCR&R services and information regarding the CCDF Voucher program and PTQ. Additionally, in response to COVID-19,

OECOSL has been administering a bi-weekly survey to programs to maintain a pulse on what providers are experiencing and their challenges related to enrollment and workforce. A dashboard has been created to help provide data to all system partners. This has resulted in multiple partners helping to support programs and families as well as building supply where it has been lost or is insufficient.

xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results:

OECOSL collaborates with the Indiana Afterschool Network through regular meetings as well as presentations. Meetings have focused on out of school time programs administered through OECOSL and the Indiana Department of Education to ensure that programs are not duplicated and are serving the needs of families. This collaboration has also yielded changed legislation, fostered by OECOSL, to support the needs of preschool families to access before and after school care. OECOSL also funds, through its partnership with Spark Learning Lab, school age specialist who collaborate with IAN, to provide support to local ECE programs. Goals for this collaboration over the next three years include increasing education to families about the quality of out of school time program they are choosing for their child, analysis of licensing requirements that may not meet the needs of out of school time programs, and coordination of training systems to better support out of school time programs. Additionally, direct connections have been made between the Indiana Afterschool Network and the Child Care Resource and Referral Agencies to provide consumer education on quality out of school time programs.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

The (OECOSL), a division of the FSSA is responsible for coordinating this plan. Planning for the continuation of child care services is vitally important to communities; it builds community resilience by reducing potential lost revenue for families and child care providers by addressing the child care needs of workers. Having prepared service providers reduces the disruption to normal routines and supports healthy child development. This Indiana Child Care Emergency Preparedness and Response Plan is not meant to replace any existing State of Indiana plans, but it is an adjunct or addendum to those plans. This Plan outlines the roles and responsibilities of OECOSL and key supporting agencies to prepare for, respond to, and recover from a disaster that

significantly impacts a community's child care infrastructure. The terms "emergency" and "disaster" are used interchangeably and include both natural or human caused events and other emergencies which may impact the daily business of child care. This plan outlines the roles and responsibilities of OECOSL to continue regulatory and financial support to child care providers and families in times of disaster. The Plan includes the roles and responsibilities of partner organizations who deliver critical services and support to children, families and child care providers in the event of a disaster. Key emergency response functions relating to child care are: 1) Support the safety and well-being of children in child care, 2) Provide technical assistance for the provision of temporary or emergency child care, 3) Continue child care subsidy payments to providers, 4) Continue eligibility determinations and subsidy authorizations to families, 5) Disseminate information to providers and families regarding disaster assistance and recovery, 6) Participate in State disaster response activities which may occur at the direction of the Indiana Department of Homeland Security (IDHS) or the Governor, 7) Coordinate with other state agencies, including but not limited to, Indiana Department of Homeland Security, Indiana State Department of Health, and Indiana Department of Education to create guidelines and rules for child care to prepare for disaster and recovery, and 8) Coordinate with partner organizations, including but not limited to, the Indiana Department of Education, Indiana State Department of Health, Indiana Child Care Resource and Referral agencies, the American Red Cross (ARC), Salvation Army, United Way, Indiana Association for the Education of Young Children, and other non-governmental and community organizations that support the needs of children and families during disaster.

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

i. State/territory/local agencies with Early Head Start - Child Care Partnership grants.

Describe

The Lead Agency, through its Head Start Collaboration Office, is convening regular meetings of the EHS-CC Partnership grantees and their Child Care Partners with the goals of supporting successful implementation of the partnerships and learning from the grantees on ways to embed the partnerships in other areas of the State. These meetings occur face to face and via web platform, and allows structured time for sharing, brainstorming, and networking among grantees and partners. A long range goal of these meetings is to improve collaboration and use these platforms as an opportunity for identifying strengths and challenges, and to overcome barriers to streamline services for children and families.

ii. State/territory institutions for higher education, including community colleges

Describe

The Lead Agency, through its contractor and coordinating entity, Indiana Association for the Education of Young Children (INAEYC), coordinates with the Indiana Early Childhood Higher Education Forum activities to reflect interaction with Indiana Professional Development systems, increase articulation, and inform development of credentials, certificates and degrees. The intended articulation span starts at high school, includes non-formal, associate degree, and bachelor degree programs. Goals for the partnerships with higher education through the Forum include:

- The Forum will create and sustain a collaborative group of early childhood higher education faculty and state ece partners that is driven by early childhood workforce educational needs and opportunities for the Indiana early childhood higher education community to network and tackle issues
- The Forum will monitor the number and success of active Articulation Agreements within Indiana and expand, as appropriate.
- The Forum will document and advertise the Indiana Early Childhood Education Degrees, Certificates and Credentials Offerings using 2015 Indiana Early Childhood Higher Education Inventory as baseline.
- The Forum will review and develop a teacher induction model using pilot findings and recommendations
- The Forum will improve program quality through the alignment and improvement built on the Indiana Early Learning Foundations, IN Early Learning and Out of School Core Knowledge and Competencies (CKCs) at the credit and non-credit levels.

iii. Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.

Describe

Goals for the next three years include expanding the number of partnerships in place between the Lead Agency and other state, local, and private agencies. This collaboration has already begun with the partnership between OECOSL and the Indiana Department of Corrections to provide support to mothers transitioning from prison. This collaboration also occurs between OECOSL and the Department of Children's services to provide quick access to child care for families providing foster care across the state. These types of partnerships will continue in order to find innovative strategies for supporting programs and families. OECOSL will utilize the Indiana Early Learning Advisory Council to assist in supporting local coalitions designed to address the needs of children and families and those agencies that serve these families and children. Additionally, the Lead Agency will work towards establishing additional initiatives to support two generation approaches to poverty reduction through partnerships with workforce development agencies and child care and out-of-school time programs. The 2Gen framework is also being embedded into CCR&R services. All CCR&R staff have been provided training on this approach. Over the next year, several resources and procedure changes will be made to embed this approach into all CCR&R services and expand community partnerships to holistically support families. OECOSL has also collaborated with the Department of Child Services to provide greater access to care for foster children.

iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.

Describe

The Lead Agency is a core partner in the Early Childhood Comprehensive Systems (ECCS) grant facilitated by the Indiana State Department of Health, the Indiana Home Visiting Advisory Board (INHVAB), as well as the now ended Project LAUNCH. The Indiana Home Visiting Board is providing direction for MIECHV, including coordination efforts between home visiting and child care.

<http://in.gov/isdh/files/INHVAB%20ECCS%20State%20Meeting%20Notes%2010.30.17.pdf> . Three year goals for this collaboration include coordination of home visiting services and increased awareness of PTQ and the CCDF subsidy program by home visitors that will result in more children from families participating in home visiting

enrolled in high quality early care and education programs. Additionally a goal supported by MIECHV, ECCS and the Lead Agency is the roll out of Help Me Grow® in the nine MIECHV counties and the Indianapolis area Promise Zone.

<http://in.gov/isdh/files/Help%20Me%20Grow%20newsletter%20-%20March%202018%20Updated.pdf>.

v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

The division responsible for the administration of Medicaid is housed within the same agency (FSSA) as the Lead Agency. OECOSL has lead an initiative with the support of Zero to Three, to assess the States policies and procedures that may inhibit access to EPSDT screenings. The Office of Medicaid has been a vital part of that team and the work has allowed members to begin to assess barriers. Shared goals for the next three years include increasing the number of families and children insured through one of the Medicaid supported programs. This will result in more children with access to recommended screenings and well child visits. The Lead Agency is also working to increase provider and CCDF client awareness of developmental milestones through its consumer education website Brighter Futures. This information will allow families to better understand the milestones at each age group and utilizes the information from the Centers for Disease Controls "Learn the Signs, Act Early" information. In addition, OECOSL has embedded the CDC information into its consumer education process at the point of eligibility and will be using that information to support families in gaining access to needed services. This series of questions will be asked at initially eligibility as well as at reauthorization to ensure that families have continual opportunities to connect to resources. In addition, OECOSL has partnered to support the implementation of the My Healthy Baby program which connects pregnant women to family support providers in their own community. A family support provider offers free, personalized guidance and support to the woman during her pregnancy and for at least the first 12 months after her baby's birth. My Healthy Baby is a collaboration between the Indiana Department of Health, the Indiana Family and Social Services Administration (FSSA) and the Indiana Department of Child Services (DCS). This initiative is building a network of services and support to wrap our arms around moms and babies to create healthier outcomes for both.

vi. State/territory agency responsible for child welfare.

Describe

OECOSL continues to partner with the Department of Child Services (DCS) to ensure that families involved in the child welfare system are receiving information about quality early care and education and the CCDF subsidy program. Over the past 18 months OECOSL has participated in 3 workgroups designed by DCS to identify ways to better support families in crisis as well as families who are providing foster care services. The goal of these work groups is to ensure that these at risk children can have access to high quality ECE care. The Lead Agency will continue to work closely with the DCS Prevention team to promote coordination and collaboration at the local level between child care resource and referral, CCDF Intake, Healthy Families, and Community Partners for Child Safety. Three year goals for this collaboration will be to find innovative ways to fund and provide support to children involved with DCS in order to increase their access to high quality ECE care; increase the knowledge of OECOSL funded programs about the DCS continuum of services; provide targeted support to ECE programs so that they can adequately support children involved in the DCS system.

vii. Provider groups or associations.

Describe

OECOSL collaborates with various advisory groups by program type. Additionally, OECOSL hosts Community Leader Roundtable conversations to help provide feedback and input for various initiatives. OECOSL partners with the Indiana Afterschool Network. That particular relationship has also created connections with the Indiana Alliances of Boys and Girls Clubs and the Indiana Alliance of YMCA's. Lastly, OECOSL partners with Indiana AEYC for workforce and professional development initiatives and for collaboration with them as a membership organization as well.

viii. Parent groups or organizations.

Describe

OECOSL works with the Child Care Resource and Referral agencies as well as the central office for CCR&R to assess needs and connect families with the appropriate supports.

ix. Other.

Describe

The Indiana Nurse Health Consultant Program is housed within the Lead Agency. Goals include an increase in free webinars and live trainings for providers on relevant health, safety, nutrition and emergency planning topics. A Nurse Consultant is available to consult with early care and education providers (including Head Start) and families by phone or email and through virtual meetings. A Nurse Consultant works closely with Licensing to ensure programs serve children in a safe and healthy manner. A Nurse Consultant collaborates with OECOSL contracted agencies to create, review and administer trainings as needed. In addition, a Nurse Consultant represents the Lead agency on multiple work groups and committees. These include but are not limited to: the Hoosier Health and Wellness Alliance, the Healthy Schools Action Team, the Indiana Joint Asthma Coalition, MIECHV/ECCS/HMG advisory board, the Institute for Strengthening Families, the Indiana Oral Health Coalition, the IN Interagency Autism Coordinating Council, the IN Perinatal Quality Improvement Council, the Child and Adult Food Program advisory council, and the Governor's Council on Disability and Community. The three year goals of these collaborative efforts include supporting and strengthening the resources for child care providers. A Nurse Consultant collaborates with the Indiana State Department of Health Food Protection Program to ensure safe acquisition, storage, preparation and service of meals and snacks in early care and education environments. A Nurse Consultant sits on the CACFP Advisory Committee to ensure alignment between Licensing, PTQ and other OECOSL activities. A Nurse Consultant collaborates with the Indiana State Department of Health Immunization program to educate about the benefit of vaccination and to increase the vaccination rates for children and adults working with children. A Nurse Consultant sits on the Indiana Oral Health Coalition. Goals include education to educators to elevate the problem of childhood dental caries and to increase the number of children receiving oral health screenings and care so to see a reduction in the percentage of children with dental caries and serious decay. A Nurse Consultant sits on the Indiana Inter-Agency Autism Coordinating Council, the Indiana Council for Individuals with Disabilities, works with the Indiana Institute of Disability and Community, and Act Early Indiana to improve rates of developmental monitoring and screening so that children in early care and education can benefit from early intervention. A Nurse Consultant sits on the Indiana Perinatal Quality Improvement Collaborative. This agency has a number of goals which include reduction in deaths

from unsafe sleep environments and encouraging early care and education providers toward breastfeeding friendly practices to increase the length of time infants are breastfed. Indiana has seen a reduction in infant mortality rates as a result of these efforts, dropping from 7.3 per 1,000 live births in 2017 to 6.5 in 2019. A Nurse Consultant represents the OECOSL on the ISDH/DCS collaboration projects of Indiana Home Visiting Advisory Board and ECCS grant committee. Goals of these programs are to increase targeted services to at risk families to improve early childhood development and outcomes. A Nurse Consultant monitors the contract with Infancy Onward, this organization is a subsidiary of Mental Health America of Indiana and is home to the Infant and Early Childhood Endorsement®. Infant Mental Health Endorsement (IMH-E)® and/or Early Childhood Mental Health Endorsement (ECMH-E)® by Infancy Onward will verify that an applicant has attained a level of education as specified, participated in specialized in-service trainings, worked with guidance from mentors or supervisors, and acquired knowledge to promote the delivery of high quality, culturally sensitive, relationship-focused services to infants, toddlers, very young children, parents, other caregivers and families. Category one and two of the endorsements are focused on early childhood direct care providers and category three and four are focused on professionals and mental health service providers. The goal of this program is to increase the number of persons with specific infant and early childhood mental health education. Intended results include a reduction in suspension and expulsion, reduction in educator turnover and improved kindergarten readiness. Additionally, Infancy Onward is tasked with raising awareness of the importance of infant and early childhood mental health supports statewide.

Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those 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, children experiencing homelessness, 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 to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive 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 a 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 Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start 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 CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start - Child Care Partnerships: https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

OECOSL allows EHS-CC Partnership grantees to layer CCDF funding with Head Start dollars. CCDF will fund the full day/full year care and Head Start funds will provide for additional, comprehensive services. OECOSL also combines funds with the Indiana's On My Way Pre-K program. CCDF will partially fund the pre-k portion of the day and CCDF will fund wrap around care outside of the pre-k portion of the day. Additionally, the Lead Agency will continue to work with IDOE in supporting schools becoming CCDF eligible while accessing other funding streams (Title Funds, Part B, etc.).

b) Which funds you will combine

CCDF and Head Start, CCDF and On My Way Pre-K will be combined.

c. What is your purpose and expected outcomes for combining funds, 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? Note: Responses should align with the goals, processes and results describe in 1.4.1.

The combining of funds in this way increases full day access to high quality, comprehensive services for more children.

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

Funds are combined at the program (Head Start grantee) level and funds are combined at the State level for On My Way Pre-K. 30% of Pre K state dollars are used to meet CCDF matching requirements.

e) How are the funds tracked and method of oversight

CCDF and On My Way Pre-K funds are tracked through an electronic time and attendance system. Head Start funds are tracked by the program in accordance with all Head Start requirements. Oversight is done through FSSA audits and Head Start fiscal monitoring.

1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)?

Note:

Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for

preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

- a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

i. If checked, identify the source of funds:

Matching funds come from the general fund for Child Care State appropriation and general fund Pre K Education. MOE comes from the general fund for Child Care State Appropriation.

- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

i. If checked, are those funds:

- A. Donated directly to the State?
- B. Donated to a separate entity(ies) designated to receive private donated funds?

ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

- d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent): 30

i. If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

Both the On My Way Pre-K and CCDF are housed within OECOSL. Since On My Way

Pre-K is partially funded with CCDF these families have to meet the same eligibility requirement as CCDF families

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

Eligibility requirements for Indiana's pre-K program, On My Way Pre-K, include a requirement that families are working and/or attending an accredited or certified education/training program to be eligible to participate in On My Way Pre-K. Because of this requirement and the blending of state and CCDF funding, programs must now be eligible to accept CCDF funding and families will receive a minimum of 53 weeks of services to meet the needs of these working parents. These families will also be able to reauthorize this child's services at the end of 53 weeks and, if eligible, continue receiving CCDF for this child if needed during their kindergarten year. And finally, all On My Way Pre-K grants are full time grants regardless of service need, to assure these children are given the most exposure to high quality prekindergarten services prior to kindergarten. With the additional funding from both CCDF and state funds, On My Way Pre-K approved programs receive higher reimbursement rates for these grants and these program allow these families access to care for the hours the program operates. Indiana offers families a mixed delivery system of programs to choose and if a family chooses a public school setting for their pre-K services, then CCDF wrap around vouchers are provided for break and summer care assuring this family's work schedule will not be disrupted when are is not available.

e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent):

iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements? 100%

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (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 the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic.

The Lead Agency has taken steps to increase partnerships across the state and with various types of partner agencies. The Lead Agency partners significantly with the Indiana Department of Education on many initiatives including but not limited to the implementation of state funded pre-k, efforts around effective transitions, Kindergarten readiness including collaboration on adopting and implementing the Kindergarten Readiness Indicators (KRI), the development, revision and implementation of the State's Early Learning Guidelines (the Indiana Early Learning Foundations), School Age Child Care Grants, education and information that foster public schools enhancing the mixed delivery system, and numerous

training and technical assistance efforts. Also, OECOSL worked with IDOE and ECE principals to develop a new online resource that is geared at assisting public schools in navigating the regulatory portion of OECOSL. The outcome of this work can be found at <http://providers.brighterfuturesindiana.org/>. Additionally, in partnership with IDOE, a guidebook for schools on how to start and fund high quality preschool programs has been created and can be found at: <https://www.doe.in.gov/earlylearning/resources>. The Quality Continuum is used as a strategy in the grant for quality improvement with the goal being an increased number of license-exempt faith-based providers enrolled and growing quality rating levels within PTQ. The lead agency continues to partner in statewide initiatives - such as working with Early Learning Indiana who began various initiatives starting in 2014 with a \$20 million, five-year campaign funded by the Eli Lilly Endowment as a public-private partnership to increase the quality and quantity of early childhood education opportunities across Indiana. Results of this partnership have yielded the creation of the consumer education website Brighter Futures that can be found at <http://brighterfuturesindiana.org/>. This work has been funded through the Lilly Endowment funding and CCDF Quality set aside dollars. This resource on this site provide information for families based on Indiana's early learning foundations as well as provide information about licensing, health and safety, and many other early childhood related programs. This collaboration has produced dually funded capacity building grants for Pre-k that stand to increase the number of Pre-k children served or increase the quality of the programming. OECOSL has partnered with counties to implement State funded Pre-k in their communities which has included funding for local Pre-k manager located at INAEYC and through the Community Engagement Specialists located at the CCRR's to support local community coalitions focused on early childhood. This partnership will yield, over the next three years, shared services for Indiana child care programs.

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

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-

based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State.
- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

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

No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.

Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated:

The Lead Agency contracts with 5 agencies to provide CCR&R services: Parent education and referral support. The Lead Agency contracts these local CCR&R Agencies to provide consumer education and referrals to families using diverse and culturally responsive methods, including face to face referrals at locations throughout the community as appropriate. They also provide enhanced referrals in accordance with processes set by The Child Care Resource and Referral Central Office (CCR&RCO) for families seeking programs for children with special needs, including but not limited to offering specialized technical assistance to programs ultimately selected by the family. Enhanced referrals may also be offered to families of infants and toddlers, school age children, and families experiencing homelessness or housing insecurities. Individualized family support is also available to all families. Supply building efforts: The Lead Agency contracts with 5 local CCR&R Agencies to build quality and supply of child care providers in Indiana. Each local agency utilizes the available provider and family data to identify areas in need of intentional supply and capacity building activities, including building the supply of providers of all types and increasing the supply of infant/toddler care, care available for non-traditional hours, accessibility of pre-k eligible programs and other areas of identified need. The local agencies work to establish partnerships with public and private community partners, including faith-based, public and non-public school based, and community based ECE providers, including Head Start, to increase the supply and quality of services. Local coalition building: Agencies build and support state and local networks through a variety of collaborative outreach activities including but not limited to, local coalition building, participation in local and statewide initiatives, and responding to issues impacting the ECE and OST systems. The Local agencies work to become the recognized local expert in ECE and OST system building responsiveness to community needs and events and are able to participate and provide feedback on

local coalitions to continue to move the work forward in a productive and systemic way. Data collection and assessment. Each CCR&R agency is responsible for collecting data for their catchment area to assist in data collection and analysis related to supply and demand issues, family needs, community needs, employer engagement issues, and analysis of that information to inform local and state wide policy development. Additionally, each Child Care Resource and Referral Agency creates an annual report that reflects the data and analysis from their respective service delivery area.

The Child Care Resource and Referral Central Office (CCR&RCO) coordinates and supports the five (5) local CCR&R agencies. The Local agencies work to become the recognized local expert in ECE and OST system building responsiveness to community needs and events and are able to participate and provide feedback on local coalitions to continue to move the work forward in a productive and systemic way. The Child Care Resource and Referral Central Office (CCR&RCO) supports the five (5) local CCR&R agencies with provider recruitment, parent and community training, family engagement, data collection and assessment on the supply and demand for ECE program and supports.

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

No

Yes

If yes, describe the elements of the plan that were updated: [Click or tap here to enter text.](#)

1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

- a. The plan was developed in collaboration with the following required entities:
 - i. State human services agency
 - ii. State emergency management agency
 - iii. State licensing agency
 - iv. State health department or public health department
 - v. Local and state child care resource and referral agencies
 - vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.
- d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - i. Procedures for evacuation
 - ii. Procedures for relocation
 - iii. Procedures for shelter-in-place

- iv. Procedures for communication and reunification with families
- v. Procedures for continuity of operations
- vi. Procedures for accommodations of infants and toddlers
- vii. Procedures for accommodations of children with disabilities
- viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

The following link will take you to the Emergency Response Planning for Child Care Providers Guide, the Indiana plan for how Child Care Providers are supported during and after disaster, and other resources.<https://www.in.gov/fssa/carefinder/provider-resources/emergency-response-planning-for-child-care-providers/>

2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to "promote involvement by parents and family members in the development of their children in child care settings" (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers to assist them in accessing high-quality child care and how information is shared on other financial

assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and child care providers with disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers

- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other.

Describe:

The local CCR&R, SPARK Learning Lab and CCDF Intake agencies are required to provide outreach to English language learners and to accommodate eligible persons with disabilities or special needs. The accommodations could include going to the person's home to take an application or providing sign language. Partnerships with community based organizations to assist in identifying and providing appropriate accommodations. Coaches with specialized training and skills are available to provide on-site technical assistance as well as group facilitation for child care programs serving children with special needs. Enhanced child care referral services are available to families from the CCR&R to help find a child care provider for their child with special needs. The Lead Agency hosts a website that shares information about available family and provider supports. By Fall of 2021, Spark Learning Lab will have translated all mandatory trainings for child care providers into Spanish and uploaded them onto Indiana's Learning Management System, Indiana Learning Paths, to increase access. Additionally, the local CCR&Rs provide cohort opportunities for emerging providers in Spanish. Emerging providers are defined as programs that are going through the process of becoming a licensed or regulated provider or have recently opened. The Lead Agency has provided all Intake Agents, CCR&R agencies, SPARK Learning Lab staff and Child Care Licensing Consultants with the "FSSA Resource Guide". This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. The information in this guide is designed to help providers, community serving agencies and faith-based organizations connect those who are in need with services. The guide is available online for providers at http://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf.

2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other.

Describe:

The local CCR&R and CCDF Intake agencies are required to provide outreach and to accommodate eligible persons with disabilities or special needs. The accommodations could include going to the person's home to take an application or providing sign language. Partnerships with community based organizations assist in identifying and providing appropriate accommodations. All Spark Learning Lab coaches who provide technical assistance to programs are supported by a statewide Inclusion Specialist who supports them in implementing technical assistance for child care programs serving children with special needs. Enhanced child care referral services are available to families from the CCR&R to help find a child care provider for their child with special needs. When enhanced child care referrals are made to a particular program, the program is contacted to determine if they need additional technical assistance from Spark Learning Lab to meet the child and family's needs. The Lead Agency hosts a website that shares information about available family and provider supports. The Lead Agency has provided all Intake Agents, CCR&R agencies, and Child Care Licensing Consultants with the "FSSA Resource Guide". This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. The information in this guide is designed to help providers, community serving agencies and faith-based organizations connect those who are in need with services. The guide is available online for providers at

[http://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf.](http://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf)

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

Complaints can go to the Child Care Resource and Referral Central Office, Brighter Futures Call Center at 1-800-299-1627, or be submitted on the Brighter Futures website at <http://brighterfuturesindiana.org/complaints> either via the complaint hotline or via email. Parents and families are also welcome to call their local CCR&R to file a complaint. In addition, the Lead Agency also has a hotpline number available for complaints 1-877-511-1144. Finally, parents can go to <https://www.in.gov/fssa/2552.htm>. This link takes you to the OECOSL home page, and on the right side is a box that states "questions about child care or early learning call 800-229-1627"; here there is a link that takes you to the <http://brighterfuturesindiana.org/> website for additional information on child care, including both questions, complaints and inquiries. Substantiated complaints will be posted on the FSSA website at: <https://secure.in.gov/apps/fssa/providersearch/map>. Once a provider is selected, scroll down; under the red banner or at the bottom of the page (if there are no Health and Safety violations) there are 3 tabs. The middle tab says "complaints". Click this tab to see any substantiated parental complaints. A full monitoring report by provider type can be found at the same link as above (<https://secure.in.gov/apps/fssa/providersearch/map>). Once a provider is selected, scroll down to the bottom of the page on the left hand side where it indicates "Inspections/Complaints/Enforcements," Click on "Inspections" to access the link at the bottom of the page for the check list of the items inspected during licensing visits.

2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

The process for screening is as follows:

1. Immediately upon determining that a client is contacting the lead agency's parent complaint hotline, the client will be connected with a trained staff member to facilitate the complaint process.
1. Prior to taking the complaint in full, the trained staff member will make the following disclaimer notes: The information you share with the lead agency's parent complaint hotline is considered confidential information; however, it is not privileged information meaning that there may be cases in which staff will be required to report information to the appropriate agencies. If you believe that the health and safety of children are in imminent danger, you should immediately contact local law enforcement by calling 9-1-1 and Indiana Child Protective Services at 1-800-800-5556.
1. The staff member will listen objectively, compiling notes on the complaint intake form as the client expresses his or her concern(s).
1. Details of the complaint will be repeated back to the client for clarification and accuracy.
1. The Parent Complaint Hotline staff will send the information to the appropriate Lead Agency's child care manager within twenty-four (24) hours of receiving the complaint.

The process for substantiating and responding to the complaint is as follows:

1. The complaint information is entered into the appropriate area of the data base and the information is sent to the child care licensing consultant to investigate. The complaint visit must be made within thirty (30) days of receiving the complaint.
1. Once the complaint has been investigated the consultant makes a determination of undetermined, not validated or validated. Any validated complaints will also have non-compliances cited on a plan of corrections for the provider to correct. Investigations are completed within the thirty (30) days of receiving the complaint. If a complaint investigation is going to take longer than thirty (30) days the licensing staff will inform their manager and give updates until the complaint investigation is completed.
1. The complaint is then reviewed by the child care manager for accuracy and to determine if any other enforcement action is required. The child care manager will mark the complaint as reviewed within thirty (30) days of the completion of the complaint investigation and the information will go to the childcarefinder website within twenty-four (24) hours.

1. The consultant will follow up with the child care provider on any non-compliances to ensure the non-compliance's have been corrected with-in 30 days of the initial visit.

2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

All provider records, including complaints, that are validated are maintained in the child care provider's file. Any validated complaints will also appear on the Lead Agency's website at: <https://secure.in.gov/apps/fssa/providersearch/home/category/c>. Each validated (substantiated) complaint is in each of the providers separate record within the webpage. Click on the search by name at the top right corner of the webpage and type in the providers name. a list with providers name typed in will populate click on the site you are looking for and a map with the location will pop up, click on the little green childcare finder pin for the location requested and the site's information will populate on the left side of the screen. Scroll down and click on complaints to view information. Provider files, along with substantiated complaints are scanned and kept electronically for 10 years according to the State's retention policy.

2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

Substantiated complaints are posted on ChildcareFinder.gov, and they are noted by provider: <https://secure.in.gov/apps/fssa/providersearch/home/category/ch>. Click on the "search by name" tab in the upper right hand corner. Once you have clicked on the tab a pop-up field will show to type in the provider name. Once you have typed in the name and clicked "search" the list of providers with the name you are searching will appear on the left. Click on the provider you are searching for and a new screen will show with the providers information. Scroll down and you will see a tab labeled "complaint". Any validated complaint will appear on the screen.

2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints:

Complaint Hotline

Families with concerns or complaints have the right to share them – and they can do so readily.

CCDF policies require each state to have a hotline for families to share complaints about programs. The complaint hotline phone number is 1-800-299-1627. Families can find that number on a variety of websites, including Child Care Finder, Brighter Futures Indiana, and on all local child care resource and referrals websites. The Brighter Futures Indiana call center takes complaints at 1-800-299-1627. To view substantiated complaints, families can visit www.Childcarefinder.in.gov Child CareFinder is available in English, Spanish, Burmese and German. The link in the plan takes the user to ChildCare Finder, the provider has to be searched in order to view complaints. In addition, this link (<https://www.in.gov/fssa/2552.htm>) takes you to the OECOSL home page. On the right side of this page is a box that states "questions about child care or early learning call 800-229-1627." The link in this box takes you to the Brighter Futures Indiana (<http://brighterfuturesindiana.org>) website for more information on early child care. The Brighter Futures Indiana website also has a complaint hotline and email feature for parents: <http://brighterfuturesindiana.org/complaints>

. Additionally, a chat feature is also available during normal business hours.

2.3 Consumer Education Website

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for

the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

The State hosted site, www.childcarefinder.in.gov (CCF) has detailed information available about the types of care available, provides definitions of the type of child care programs available, as well as a search of regulated providers where families can view inspection reports, validated complaints, and negative actions that have been taken, child care locations, quality levels and capacities. This CCF site is accessible in four languages: English, German, Spanish and Burmese, and it is compatible with adaptive technologies. The site www.brighterfuturesindiana.org is accessible in English with many components available in Spanish. The Brighter Futures site is geared toward families and includes additional information, including videos to explain the diversity of care, information on developmental milestones and support for parents seeking resources, parent tips and support resources, information on the Indiana Early Learning Foundations, and links to CCF. Each site has linked childcare search tools available and include a wide array of information. The Brighter Futures site has both content and videos translated into Spanish, and it is compatible with adaptive technologies so all families can learn about Early Learning Foundations and Best Practices for families in supporting their children. This site also includes information for providers around current supports available as well as information

for communities and system partners to promote these opportunities. The third site focuses on the state-funded On My Way Pre-K grant program for early childhood providers <http://providers.brighterfuturesindiana.org/>. This site houses information regarding how to become an approved On My Way Pre-k provider, the application process, information about how to talk to families about the program, and payment practices. The last site, <http://www.in.gov/fssa/2552.htm> provides regulatory information about Indiana's program. This site provides information about the licensing rules, market rates, payment practices, background checks and other information pertaining to the Office of Early Childhood and Out-of-School Learning (OECOSL). This site is 508 compliant and has Google Translate available as well as Browse Aloud which reads the text or a text only version.

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

The ChildCareFinder website is translated available in four languages:

- English
- Spanish
- German
- Burmese

The Brighter Futures website has videos and content in both English and Spanish.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:

All three websites are compatible with adaptive technologies and meet ADA standards.

2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

- a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2

This link provides an explanation of the licensing options and rationale for exemptions: <http://www.in.gov/fssa/carefinder/2736.htm>

Programs that are exempt from licensure are outlined in Indiana Code IC 12-17.2-2-8. That information can be located at <https://brighterfuturesindiana.org/local-help-for-finding-child-care>.

- b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

This link not only outlines licensing options but also the process for monitoring and inspections of child care providers <http://www.in.gov/fssa/carefinder/5262.htm>.

- c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

The following link connects to the policies and procedures related to criminal background checks for staff members of a child care provider:

<https://www.in.gov/fssa/carefinder/4182.htm>

The following link provides additional information on the background check requirements for Indiana. Information related to disqualifying crimes that prevent individuals from being employed can be found under the tab "click here to see a list of disqualifying crimes".

<https://www.in.gov/fssa/carefinder/5480.htm>.

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

The list of disqualifying crimes can be found here:

<https://www.in.gov/fssa/carefinder/files/Disqualifying- Crimes.pdf>.

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:

This is the link to the searchable list of childcare providers:

<https://secure.in.gov/apps/fssa/providersearch/home/category/ch>

Providers are searchable by ZIP code, and the website lists licensing information as well as Paths to QUALITY (PTQ) levels and inspection information. Additionally, the Lead Agency is working with partners to develop and implement a child care marketplace for families.

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers
- v. Other.

Describe

The site is searchable by On My Way Pre-k, the state funded Pre-k pilot, providers.

c) Identify what informational elements, if any, are available in the searchable results.

Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports

- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

d. Other information included for:

- i. All Licensed providers.

Describe

Accreditations, license/regulation dates, complaints, and enforcements

ii. License-exempt CCDF center-based providers.

Describe

Accreditations, regulation dates, complaints, and enforcements.

iii. License-exempt CCDF family child care providers.

Describe

iv. License-exempt, non-CCDF providers.

Describe

v. Relative CCDF providers.

Describe

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

i. Quality rating and improvement system

ii. National accreditation

iii. Enhanced licensing system

iv. Meeting Head Start/Early Head Start Program Performance Standards

- v. Meeting Prekindergarten quality requirements
- vi. School-age standards, where applicable
- vii. Other.

Describe

b) For what types of providers are quality ratings or other indicators of quality available?

- i. Licensed CCDF providers.

Describe the quality information:

Licensed providers follow basic health and safety standards, and they mayvoluntarily participate in the Paths to Quality™ (PTQ) system. PTQ is Indiana's statewide quality rating and improvement system for early care and education programs. It is a resource to help families make informed decisions and to help programs improve the quality. It is a voluntary system that consists of 4 levels. Level 1 meets the health and safety needs of children. Level 2 focuses on providing environments that supports children's development and learning. Level 3 incorporates use of a planned curriculum to guide child development and prepare children for kindergarten. Level 4 is the highest indicator of quality - National Accreditation. Programs can earn incentives when progressing in levels and these incentives can contribute to enhanced quality.

Advancement of levels within the PTQ system demonstrates commitment to supporting children's development, learning, and programs who maintain higher levels of quality have an impact on children's future success in school and life.

- ii. Licensed non-CCDF providers.

Describe the quality information:

Licensed providers follow basic health and safety standards, and they mayvoluntarily participate in the Paths to Quality™ (PTQ) system. PTQ is Indiana's statewide quality rating and improvement system for early care and education programs. It is a resource to help families make informed decisions and to help programs improve the quality. It is a voluntary system that consists of 4 levels. Level 1 meets the health and safety needs of children. Level 2 focuses on providing environments that supports children's development and learning. Level 3 incorporates use of a planned curriculum to guide child development and prepare children for kindergarten. Level 4 is the highest indicator of quality - National Accreditation. Programs can earn incentives when progressing in levels and these incentives can contribute to enhanced quality.

Advancement of levels within the PTQ system demonstrates commitment to supporting children's development, learning, and programs who maintain higher levels of quality have an impact on children's future success in school and life.

iii. License-exempt center-based CCDF providers.

Describe the quality information:

License-exempt providers who follow basic health and safety standards (i.e. ministries who meet the Voluntary Certification Program requirements or school based programs who meet the Legally License Exempt Provider requirements), may participate in the PTQ system. PTQ is Indiana's statewide quality improvement rating system for early care and education programs. It is a resource to help families make informed decisions and to help programs improve the quality. It is a voluntary system that consists of 4 levels. Level 1 meets the health and safety needs of children. Level 2 focuses on providing environments that supports children's development and learning. Level 3 incorporates use of a planned curriculum to guide child development and prepare children for kindergarten. Level 4 is the highest indicator of quality, National Accreditation. Programs can earn incentives when progressing in levels; these incentives can contribute to enhanced quality. Advancement of levels within the PTQ system demonstrates a commitment to supporting children's development, learning, and future success in school and life.

iv. License-exempt FCC CCDF providers.

Describe the quality information:

v. License-exempt non-CCDF providers.

Describe the quality information:

vi. Relative child care providers.

Describe the quality information:

vii. Other.

Describe

Indiana supports a Voluntary Certification Program (VCP) for child care ministries. An unlicensed registered ministry can choose to follow the basic unlicensed registered

ministry regulations or demonstrate greater commitment to quality through participation in the Voluntary Certification Program. Once a ministry has achieved VCP status, they are automatically eligible to enroll on PTQ. PTQ is Indiana's early care and education quality rating and improvement system. Programs reaching Voluntary Certification Program status meet additional health and safety standards that other registered ministries may not.

2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

- i. Full monitoring reports that include areas of compliance and non-compliance.
- ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance.

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

Monitoring and inspection reports are in plain language. Reports are available in two ways: 1) Monitoring reports by provider type are available at this link:

<https://secure.in.gov/apps/fssa/providersearch/map> .Once a provider is selected, scroll down to the bottom of the page on the left hand sidewhere it indicates "Inspections/Complaints/Enforcements," Click on "Inspections" to accessthe linkat the bottom of the page for the check list of the items inspected during licensing visits. 2) Individual Monitoring Reports thatdetail recent inspections and noted insufficiencies as well as corrective actions are available.Inspection reports for individual providers are available by searching individual providerson Child Care Finder. To obtainaninspection report, a stakeholder goes to this website <https://www.in.gov/fssa/childcarefinder/> clicks on the "Find Child Care" icon, accepts the terms and clicks on the"Search by name" icon in the upper right hand corner of the site. The stakeholdercan eitherenter the name of the program in the search field and hit the"Search"or choose a program from the populated map.The program name and information will come up on the left hand side of the screen. Thestakeholder can then scroll down and click on"Print View" to seeinformation on the provider as well as the details ofrecentinspections reports. These reports are in plain language.

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

- Date of inspection
- Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider.

Describe how these health and safety violations are prominently displayed:

Prominently displayed at <https://www.in.gov/fssa/childcarefinder/>are the monitoring and inspection results for each provider. When a stakeholder searches for a provider they are able to see the following.

- Inspection type; indicating if the inspection was an annual visit, final visit or due to a compliant.
- Date; provides the date that the visit occurred
- Type of correction needed; indicating the insufficiency that was found with a brief description.

- Regulation; provides the specific Indiana regulation that was found to be noncompliant.
- Action needed to correct issue; indicating the type of action that is needed by the child care provider to resolve any insufficiency that was found.
- Date resolved; the date that the child care program resolved the issue and OECOSL verified that it was corrected.
- Provider response; any comments that the child care program would like to provide

If a child care program has had a health and safety violation it is displayed in red text at the top of the search page so that stakeholders can clearly see what those violations are and that the program has been cited for an issue related to child safety.

Corrective action plans taken by the state and/or child care provider.

Describe:

Prominently displayed at <https://www.in.gov/fssa/childcarefinder/> are the monitoring and inspection results for each provider. When a stakeholder searches for a provider they are able to see the following.

- Type of correction needed; indicating the insufficiency that was found with a brief description.
- Regulation; provides the specific Indiana regulation that was found to be noncompliant.
- Action needed to correct issue; indicating the type of action that is needed by the child care provider to resolve any insufficiency that was found.
- Date resolved; the date that the child care program resolved the issue and OECOSL verified that it was corrected.

A minimum of 3 years of results, where available.

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.

i. Provide the direct URL/website link to where the reports are posted.

To obtain an inspection report, a stakeholder goes to this website

<https://www.in.gov/fssa/childcarefinder/> click on the "Find Child Care" icon, accepts the terms and clicks on the "Search by name" icon in the upper right hand corner of the site. Once a child care program is selected the reports are displayed.

ii. **Describe how the Lead Agency defines timely posting of monitoring reports.**

The Lead Agency Monitoring reports are updated to the childcarefinder.in.gov site daily. This process is a nightly update between the Lead Agency's case management system and the public facing site. The Lead Agency would define timely as the posting of monitoring reports within 48 hours of inspection.

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. **Provide the Lead Agency's definition of plain language.**

OECOSL uses the Federal Plain Writing Act of 2010's definition: Writing that is clear, concise, well-organized and follows other best practices appropriate to the subject or field and intended audience.

This equates to the following:

- Organization and content that is aligned to the intended audience
- Use of "you" and other pronouns throughout
- Active voice
- Short sentences avoid wordiness
- Common, everyday words
- Easy-to-read design

ii. **Describe how the monitoring and inspection reports or the summaries are in plain language.**

The monitoring and inspection report summaries are in plain language due to the following.

- Organization and content that is aligned to the intended audience
- Use of "you" and other pronouns throughout
- Active voice
- Short sentences avoid wordiness
- Common, everyday words
- Easy-to-read design

e. **Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).**

The child care provider is instructed to inform tier licensing consultant, at the time of the visit, if there is an inaccuracy in the report. The report will then be reviewed to determine if the report is inaccurate and would be corrected at the time of the visit. Otherwise the child care provider would contact the Lead Agency about the inaccuracy so that it can be

corrected within the system and removed. To see the full document, it is necessary to go to "Print View." The process is the same for license exempt CCDF providers.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

- filing the appeal
- conducting the investigation
- removal of any violations from the website determined on appeal to be unfounded.

The child care provider cannot formally appeal the plan of corrections. Instead the child care provider can contact the Lead Agency, at any time, stating they do not agree with the findings in the report. The Lead Agency would then schedule a meeting with the child care provider to gather information about their concern. The Lead Agency would investigate their concerns and determine if there are any corrections to be made within the report. Once the provider contacts the Lead Agency the provider will be contacted within 48 hours to schedule a meeting about their concerns. If it is determined that the violation was unfounded, it will be removed from the website within 48 hours.

g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

Reports are posted for three (3) years. On a weekly basis provider data is updated on thechildcarefinder website. Only the last three years of provider data is sent and a total refresh of the website is completed. Information beyond 7 years is held within the States information system and available upon request.

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of

care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

- i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

The child care provider must notify the Lead Agency of any serious injuries or deaths of children that occurred in their child care facility. This information is then logged into the child care database by the Lead Agency. The data is then pulled and updated on the following link <http://www.in.gov/fssa/childcarefinder/>. This report can be found under the 'Menu' drop down in the upper right hand corner under the title, "Serious Injuries, Fatalities and Substantiated Abuse Reports". This information is broken down by provider type/category of care.

- ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

An investigation disposition concluding that the allegation of child maltreatment or risk of maltreatment was supported or founded by State law or State policy. A child protective services determination means that credible evidence exists that child abuse or neglect has occurred.

- iii. The definition of "serious injury" used by the Lead Agency for this requirement.

Serious Bodily Injury (as defined in IC 35-31.5-2-292); of the child that requires the attention of a physician, dentist, registered nurse, licensed practical nurse, paramedic, or emergency medical technician.

b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

- i. the total number of serious injuries of children in care by provider category/licensing status
- ii. the total number of deaths of children in care by provider category/licensing status
- iii. the total number of substantiated instances of child abuse in child care settings
- iv. the total number of children in care by provider category/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

<https://www.in.gov/fssa/childcarefinder/> provides the aggregate number of serious injuries, deaths and substantiated instances of child abuse. This report can be found under the 'Family Resources section by clicking on "Updates".

2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

Families have four ways to connect with child care referral services.

1. They can link to the state's online search tool, Child Care Finder
<https://www.in.gov/fssa/childcarefinder/> (click the tab labeled "Learn about Paths to Quality").
1. Call the statewide child care resource and referral center 1-800-299-1627
1. Initiate a chat through the online chat tool at <http://brighterfuturesindiana.org/>
1. Connect with their local child care resource and referral (CCR&R) agency
<https://brighterfuturesindiana.org/local-help-for-finding-child-care>

To help families connect with those local CCR&R agencies, Brighter Futures Indiana also has a dedicated CCR&R webpage: <https://brighterfuturesindiana.org/local-help-for-finding-child-care>

2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

The Lead Agency has partnered with the CCRRCO in the development of the Consumer Education website, www.brighterfuturesindiana.org. The Brighter Futures Indiana website has chat functionality and, when a chat agent is unavailable, the chance to leave a message on every page. Additionally, families can contact the Brighter Futures Indiana call center through the phone number listed on the webpage. Through chat, messages or phone calls, trained call center staff can provide families with support as they look at the website, look for child care, have a concern or complaint about a provider, or need additional help. In addition to guiding families through the website and child care search process, staff can also provide referrals to other supportive social services.

2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.

Brighter Futures Indiana: www.brighterfuturesindiana.org

Child Care Finder: <https://www.in.gov/fssa/childcarefinder/>

2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care

providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

The OECOSL provides information related to the availability of child care services to parents, the general public and other stakeholders through childcarefinder.in.gov (CCF) as well as its Brighter Futures website (<http://brighterfuturesindiana.org/>). CCF allows the end user to search based upon their desire to find childcare, the state funded Pre-k program, by CCDF providers or to find out information about the states QRIS. This site also features a “route to work” option that allows a family member to search for care based upon the route they travel to work. Within the site search based upon age of the child, the hours of operation for the childcare desired, the type of provider (Licensed Center, Licensed Homeetc), zip code or PTQ Level is featured. CCF also links to the OECOSL site which provides information to contact the Child Care Resource and Referral central office to locate additional information about assistance in finding childcare which includes information on the availability of financial assistance to pay for child care. CCF provides information on the number of deaths, serious injuries and instances of child abuse in child care settings each year through a static report that is updated quarterly. This resource also links to the OECOSL website which provides information about how to file a complaint, information related to background checks (including information that prohibits individuals from working with children), and information related to licensing requirements that are expected of various program types. Lastly, when on CCF information can be obtained about multiple resources housed within the Family and Social Services Administration (FSSA) as well as within other state agencies. These resources include access to medical professionals, places to receive medical services, addiction services, etc. The information included on childcarefinder.in.gov was developed with families in mind and in language that is sensitive to cultural preferences and reading level. The site is also accessible in four languages (English, German, Spanish and Burmese) and meets requirements for ADA compliance. OECOSL will be working to provide an additional option through the child care marketplace in the fall of 2021. Families can also apply for CCDF using an easier-to-use online application called “Early Ed Connect.” Early Ed Connect offers the benefits of:

- Easy use via mobile devices, as well as on a computer or tablet
- Ability to apply for multiple children in one application
- Ability to upload supporting documents, including via photo from a mobile phone
- Ability to save application progress and complete it at a later time

- Notification of successful submission
- Available in English and Spanish
- Online support information and videos

Brighter Futures is geared towards families and general stakeholders, with components built in to support child care providers, that provides family friendly language, information on finding and paying for care and other services as well as tools to activate learning.

www.brighterfuturesindiana.org provides information on helping to pay for care, the developmental milestones by age group and statewide family support. In addition, once on the site a chat box will appear that each user can access to ask questions with a representative from the call center to support the user in meeting their search needs. This call center is manned: Monday-Thursday 8:00am-7:00pm and Friday 8:00am-5:00pm. Direct communication can occur in multiple methods. One such method is interaction with each of the local CCR&R agencies to provide enhanced referrals that require specialty assistance. Local CCR&R agencies have a unique knowledge of local supports and child care opportunities. The CCR&R agencies provide written materials as well as face to face discussions with parents, community members and child care providers to support their needs.

2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

Temporary Assistance for Needy Families program:

The Lead Agency coordinates with the TANF agency to assist families participating in IMPACT activities so that these families can begin child care assistance within as soon as five days. The Lead Agency also shares information about TANF to eligible parents through our local CCDF Intake Agents and local Child Care Resource and Referral (CCR&R) agencies. All Intake Agents and CCR&R agencies are required to sign an MOU to work together and share information with families. Intake Agents are required

to provide CCDF clients with information about other available resources including TANF. The Lead Agency has provided all Intake Agents with the "FSSA Resource Guide". This guide is dedicated to helping Hoosiers live productive, safe and healthy lives and includes information about TANF and how to apply. The guide is designed to help providers, community service agencies and faith-based organizations connect those who are in need with a variety of available services. The guide can also be accessed electronically at https://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf.

Head Start and Early Head Start programs:

The Lead Agency works with Head Start grantees with current openings to identify families that are on the CCDF waiting list in the geographic area served by the Grantee. The Lead Agency sends mailings to those families making them aware of the Head Start programs in their area that have openings. During the CCDF application process families are asked a series of questions related to the required Consumer Education topic areas. Based on the parent's responses the caseworker will provide additional resources to help the family. Head Start information is also part of the Lead Agency website. Information on Head Start is available at <http://www.in.gov/fssa/carefinder/2679.htm>. Families can also contact the statewide 2-1-1 network for assistance.

Low Income Home Energy Assistance Program (LIHEAP):

Local CCR&Ragencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families. These efforts include providing families with materials such as fliers and brochures of where to apply for LIHEAP . Intake Agents are required to provide CCDF clients with information about other available resources including LIHEAP. During the CCDF application process families are asked a series of questions related to the required Consumer Education topic areas. Based on the parent's responses the caseworker will provide additional resources to help the family.

Families can also contact the statewide 2-1-1 network for assistance. The Lead Agency has provided all Intake Agents with the "FSSA Resource Guide". This guide is dedicated to helping Hoosiers live productive, safe and healthy lives and includes information about LIHEAP. The guide is designed to help providers, community and

faith-based organizations connect those who are in need with a variety of available services. This guide is also available electronically at https://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf.

Supplemental Nutrition Assistance Programs (SNAP) Program:

Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families, which includes providing families with information such as fliers and brochures about SNAP. During the CCDF application process families are asked a series of questions related to the required Consumer Education topic areas. Based on the parent's responses the caseworker will provide additional resources to help the family.

Families can also contact the statewide 2-1-1 network for assistance. The Lead Agency has provided all Intake Agents with the "FSSA Resource Guide". This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. The guide is designed to help providers, community service agencies and faith-based organizations connect those who are in need with a variety of available services. This resource guide is also available electronically at

https://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf.

Women, Infants, and Children Program (WIC) program:

Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families. During the CCDF application process families are asked a series of questions related to the required Consumer Education topic areas. Based on the parent's responses the caseworker will provide additional resources to help the family.

Families can also contact the statewide 2-1-1 network for assistance. The Lead Agency has provided all Intake Agents with the "FSSA Resource Guide". This guide is dedicated to helping Hoosiers live productive, safe and healthy lives and includes information about LIHEAP. The guide is designed to help providers, community and faith-based organizations connect those who are in need with a variety of available services. This guide is also available electronically at

https://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf.

Child and Adult Care Food Program(CACFP):

The Lead Agency contracts with the Child Care Resource and Referral Central Office (CCR&RCO) to provide information to families about the benefits of CACFP during the childcare referral process. During the CCDF application process families are asked a series of questions related to the required Consumer Education topic areas. Based on the parent's responses the caseworker will provide additional resources to help the family. Additionally, Local CCR&R agencies work with providers to make sure all are aware of the benefits of participating in CACFP. Some local CCR&R agencies are also sponsors of the food program. The Lead Agency works with the Indiana Department of Education on coordination of services including trainings, the alignment of requirements, and monitoring for compliance. With the implementation of various initiatives through the CRRSA funds, OECOSL is working closely with the Child and Adult Food Program administrators at the Indiana Department of Education. Spark Learning Lab is also working to create additional resources for programs on CACFP.

Medicaid and Children's Health Insurance Program (CHIP):

Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families, which includes providing families with materials such as fliers and brochures about Medicaid and CHIP. During the CCDF application process families are asked a series of questions related to the required Consumer Education topic areas. Based on the parent's responses the caseworker will provide additional resources to help the family. Families can also contact the 2-1-1 network for assistance. The Lead Agency has provided all Intake Agents the "FSSA ResourceGuide". This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. The Resource Guide includes information on Medicaid. The guide is designed to help providers, community agencies and faith-based organizations connect those who are in need with a variety of services. This guide is also available electronically at

https://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf.

Programs carried out under IDEA Part B, Section 619 and Part C:

Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families, which includes information about

the CDC Developmental Milestones . Early intervention Service Coordinators are also responsible for providing information on available resources to families participating in the First Steps program including case management services for children transitioning to IDEA part B. During the CCDF application process families are asked a series of questions related to the required Consumer Education topic areas. Based on the parent's responses the caseworker will provide additional resources to help the family.

2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
 - parents
 - providers
 - the general public
- any partners in providing this information

Description:

Brighter Futures (<https://brighterfuturesindiana.org/>) provides information in a variety of ways to engage parents, child care providers and the general public. The tab located at the top of the site for parents provides the following information. Find child care, play and learning, healthy and safe care and developmental and financial support. Under the category of play and learning parents are provided with information on developmental milestones, screening, and services. Parents can then select the age of their child and receive a brief description of the milestones, in family friendly language, expected at that particular age. There are then

resources for the family based upon the Indiana Early Learning Foundations categories of creative arts, social emotional, math, play and learning, science, social studies, physical health and growth, and English language arts. These resources include information about the child's development in these areas as well as ways that parents can look for signs of learning in their child care and activities that they can do at home to reinforce that foundation. This information can also be used by child care providers as the ideas for play can be used at home or can be used by child care programs to incorporate into their daily lesson plans.

Partners also provide this information. Local CCR&R's provide information on developmental milestones and have connected with the state of Indiana's Learn the Signs Act Early Ambassador to connect parents to additional resources. Additionally, at each eligibility appointment families are asked a series of questions, based upon the age of tier child/children that are connected to the CDC Know the Signs Act Early content to gauge if parents need a referral to any other social service such as Part C early intervention, access to screenings through their physicians, or support in paying for healthy and nutritious food.

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information.

Description:

The Lead Agency shares information on social-emotional and behavioral issues and early childhood mental health of young children by first focusing on the sharing of developmental

milestone information with parents in a variety of ways:

- The family-facing website, Brighter Futures, includes multiple references to developmental milestones and resources in electronic and social media-focused platforms that include chat features, email features and phone in options. These resources not only offer benchmarking but also community resources and plain language tips and activities to fully support children both in the home and in the child care provider setting.
- The Consumer Statement and Intake Process offers a face to face opportunity to explore developmental milestones and parental concerns with accompanying resources. A Consumer Statement sample can be found at <http://brighterfuturesindiana.org/IndianaCCDFConsumerStatementGuide>.
- The 5 local CCRR agencies and the state CCRRCO agency offer assistance in child care referrals that support additional identified needs for families.
- The expulsion and suspension policies are provided to families with an accompanying list of resources at the time of their intake appointment. Information is shared with child care providers through the use of the Brighter Futures website and direct communications mailed to providers. These communications can be found at: <https://www.in.gov/fssa/carefinder/4945.htm> Embedded within these communications are resources for child care providers around the suspension/expulsion of children and best practices in caring for young children.
- Training and support on child development and best practices are housed within the training platform, Indiana Learning Paths, which is accessible to families, child care providers and the general public.

Additionally, the Lead Agency contracts with Infancy Onward to support providers in attaining and renewing their Early Childhood Mental Health endorsements. Infancy Onward also provides professional development through various mediums for providers.

2.4.5 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

The Lead Agency has adopted a policy that requires all programs receiving CCDF funds to have in place, and share prior to child enrollment, a suspension and expulsion policy. The Lead Agency's guidance on the suspension and expulsion of children from birth to age 5 in child care and early childhood programs receiving CCDF funds can be found at:

<http://brighterfuturesindiana.org/wp-content/uploads/2018/08/Suspension-and-Expulsion-Policy-Guidance-for-Indiana-CCDF-Eligible-Programs.pdf>

These policies are shared with families at the Intake appointment as well as information can be found at Brighter Futures at: <http://brighterfuturesindiana.org/wp->

<content/uploads/2018/08/Suspension-and-Expulsion-Policy-Guidance-for-Indiana-CCDF-Eligible-Programs.pdf> . A webinar and Facebook Live for families was held for families to ask questions and get clarifications, recorded information can be found at this link: <http://brighterfuturesindiana.org/2018/08/facebook-live-q-a-family-focused-ccdf-changes/>. A webinar and Facebook Live for providers was held to ask questions and get clarifications, recorded information can be found at this link: <https://partnershipsforearlylearners.org/2018/08/22/facebook-live-qa-to-support-providers-on-ccdf-updates/>.

Mailings were conducted to each Early Childhood provider informing them of the need to develop the policy as well as resources to support that work. Those communications can be found at: <https://www.in.gov/fssa/carefinder/4945.htm>.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

- a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

The Lead Agency has included requirements within the CCR&R and the CCRR CO contracts to provide information and refer families and child care providers to existing developmental screening services. This information is integrated into their training and family referral activities. Training is available online and face to face and includes training on how to complete Ages and Stages 3 (ASQ-3™) and Ages and Stages Social-Emotional (ASQ-SE™). Onsite technical assistance is available for providers, if needed, to help complete the tools and develop a policy for using developmental screening. This process actually begins at the Intake Process. Intake Agents work with families face-to-face or virtually in completing the Intake packet, and Intake Agents are trained to go through a step by step process with families that reflects families' needs, and the options of needs cover a range including but not limited to food and housing as well as specific discussions surrounding their child(ren)'s developmental milestones. These milestones and discussions are based on the CDC's Learn the Signs Act Early benchmarks. Intake Agents then share specific resources with the parents based on those identified needs. Parents are then equipped with resources as well as reference information on future developmental milestones. In addition, the Lead Agency's Consumer Education website, Brighter Futures, houses developmental milestones, also based on the CDC's Learn the Signs. Act Early as well as tips, hints and resources for parents on how best to support their child(ren). In addition, each family receives a written Consumer Statement that details their child care choices as well as resources families indicated they needed during the Intake appointment.

b) The procedures for providing information on and referring families and child care providers to the 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.). Contracted Intake Agents work with families face-to-face in completing information related to the development of their childcare trained to go through a step by step process with families that reflects families' needs, and the options of needs cover a range including but not limited to food and housing as well as specific discussions surrounding their child(ren)'s developmental milestones. These milestones and discussions are based on the CDC's Learn the Signs. Act Early benchmarks. Intake Agents then share specific resources with the parents based on those identified needs. Parents are then equipped with resources as well as reference information on future developmental milestones and

information on where to obtain a developmental screening or referral to Indiana's Part C program. In addition, the Lead Agency's Consumer Education website, Brighter Futures, houses developmental milestones, also based on the CDC's Learn the Signs. Act Early as well as tips, hints and resources for parents on how best to support their child(ren). Families also receive a written Consumer Statement that details their child care choices as well as resources families indicated they needed during the Intake appointment. Lastly, a series of 4 live and recorded webinars to provide an overview of the DC: 0-5™ for families, early care and education providers, home visitors, and clinicians has been completed and is housed on the Lead Agency's training platform. The following procedure is captured in the CCDF policy manual for Intake Agents to follow:

CONSUMER EDUCATION SURVEY & DEVELOPMENT MILESTONES

The Office is federally required to provide a consumer education survey to CCDF Applicants and/or Co-Applicants at the time of authorization and reauthorization. As part of the consumer education process, Applicants and/or Co-Applicants will also be asked to review the CDC's child development milestones checklist(s) for their children five (5) years of age or younger. If provided, answers to the consumer education survey and milestone checklist(s) will be recorded in AIS for statistical reporting.

DEVELOPMENTAL MILESTONE CHECKLIST AGE CATEGORIES:

- ØZero (0) to three (3) months
- ØFour (4) to five (5) months
- ØSix (6) to eight (8) months
- ØNine (9) to eleven (11) months
- ØOne (1) year to seventeen (17) months
- ØEighteen (18) months to 23 months
- ØTwo (2) years
- ØThree (3) years
- ØFour (4) years
- ØFive (5) years

When completing a face to face interview, you will be required to ask the Applicant and/or Co-Applicant the questions appropriate for their child's age. Their responses must be recorded in AIS. In addition, the appropriate age category checklist will print with each reauthorization letter and must be sent to the Applicant with their other required documents.

CONSUMER EDUCATION SURVEY QUESTIONS:

1. Based upon the developmental milestones checklist(s), do you have any concerns about your child(ren)'s development?
2. As you think about your child(ren)'s development, do you want information and resources that might help your child(ren) learn and grow?
3. In the last twelve (12) months, have you wanted to take your child(ren) to see a doctor or dentist, but could not because of cost?
4. Were you able to take your child(ren) to the doctor within the last twelve (12) months when they were not sick? These visits are often called "wellness visits" or "well-baby/child appointments."
5. In the last twelve (12) months, did you ever buy less food or different food than you should because there wasn't enough money?
6. If food costs were not an issue, would you like to buy more fresh fruits, vegetables, protein, or dairy products for your family?
7. How satisfied are you with your overall access to food?
8. Are you a parent of a child under 5, a new mother, pregnant or breastfeeding?
9. Would you like any support with breast feeding, nutrition, or assistance with purchasing formula, milk or other food products to help your family?
10. Do you want more information about programs that support your child in a high quality early education program?
11. Do you have trouble paying your heating bill for the winter or cooling costs in the summer?
12. Some child care programs participate in the Child Care and Adult Food Care Program. These programs provide nutritious meals and snacks to your child during the day. At these programs, you should see your child receiving fruits, foods high in protein, and items that are a good source of dairy and overall nutrition. Would you like information about programs that participate in the Child Care and Adult Food Care Program and/or would you like to know if your child care program participates in it?

These questions are optional. However, you must attempt to ask these questions in any face to face interview. If answered, the Intake Agent must record their responses in AIS and provide appropriate resources which correspond with each question..

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

The Lead Agency partners with Intake Agencies in the Intake Process so that the information shared in a face to face environment and offer thoughtful discussion of developmental milestones as well as resources if parents are concerned about benchmarking. The Consumer Statement and Intake Process offers a face to face opportunity to explore developmental milestones and parental concerns with both verbal and written discussions about resources. Examples of the consumer statement given and consumer education questions asked at the Intake meeting can be found at:

<http://brighterfuturesindiana.org/IndianaCCDFConsumerStatementGuide> and

<http://brighterfuturesindiana.org/wp-content/uploads/2018/08/Consumer-intake-questions.pdf> .

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

The Lead Agency supports the Consumer Education website, Brighter Futures. This website speaks directly to families and providers regarding developmental milestones, as based on the CDC's Learn the Signs Act Early. The website not only addresses milestones but also tips and hints on how to support child(ren)'s needs. The website directly references resources available to families and providers. In addition, providers have access to the Center Director's Inclusion Training on Indiana Learning Paths and this training also directly references the CDC's Learn the Signs Act Early Developmental milestones.

e) How child care providers receive this information through training and professional development.

Child care providers utilize SPARK Learning Lab for support and training as well as the new provider training website, Indiana Learning Paths and the family facing website, www.brighterfuturesindiana.org . Provider support is a partnership effort among SPARK Learning Lab, the CCRRCO and other coaching support organizations as well as training opportunities on Indiana Learning Paths. Training opportunities include such instances like the Center Director Inclusion Training as well as additional trainings both online, face to face and in cohort based learning sessions..

f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

CCDF Policy and Procedure Manual Section 3.13 - Completing the Authorization Process. The CCDF Policy and Procedure Manual can be found at https://www.in.gov/fssa/carefinder/files/CCDF_Pre_K_Manual.pdf.

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

Parents receive this consumer statement at the time of voucher/CCDF certificate creation.

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- Health and safety requirements met by the provider
- Licensing or regulatory requirements met by the provider
- Date the provider was last inspected
- Any history of violations of these requirements

- Any voluntary quality standards met by the provider
- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline
- How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

c. Provide a link to a sample consumer statement or a description if a link is not available.

<https://d190qg16zubs76.cloudfront.net/resources/IndianaCCDFConsumerStatementGuide.pdf>

3. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, 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 a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the

child care payment.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

3.1 Eligible Children and Families

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 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 said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)); 98.20(a)).

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from 1

(weeks/months/years)

through 12

years (under age 13). Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

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))

No

Yes,

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

If yes, Provide the Lead Agency definition of physical and/or mental incapacity:
Documentation of a child with special needs must be made by evidence of enrollment in one or more of the following programs or services: Children with Special Health Care Services as provided by the State of Indiana; or First Steps Early Intervention System, or Head Start for a child professionally diagnosed with disabilities or a copy of the child's Individualized Education Plan, or Verification of Supplemental Security Income, or Statement from a health care professional which includes the child's diagnosis. Special needs are identified on the CCDF application, and children with special needs receive priority over other CCDF eligible families.

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))

No.
 Yes

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

d) How does the Lead Agency define the following eligibility terms?

i. "residing with":

Families are eligible for child care subsidies when the applicant is the parent of a child who lives in the home with them and the child is under the age of thirteen (13) years (or through age eighteen (18) years in cases of special needs).

ii. "in loco parentis":

The definition of parent is a person related to the eligible child by blood, marriage, or adoption and including a legal guardian or other person standing in loco parentis (in the place of a parent). In order to apply for CCDF child care, the applicant must have physical custody of the child for whom services are being requested. The applicant must be age eighteen (18) or over unless the applicant is married, an emancipated minor, or a teenage parent.

3.1.2 Eligibility criteria: Reason for care

a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

i. Define what is accepted as "Working" (including activities and any hour requirements):

A working person is a person receiving wages or salary for performing services for another person or organization or receiving compensation for a service or product.

These activities may be conducted through an employer or be considered self-employment and are documented by proof of income. There is no minimum number of working hours required and travel time can be included.

ii. Define what is accepted as "Job training" (including activities and any hour requirements):

Training activities may include, but are not limited to, job readiness, community work experience, post secondary education including distance learning, vocational, educational, and academic training, adult basic education, English as a second language and general education degree programs. All educational programs must be completed through a certified or accredited secondary or post secondary training organization/institution. There is no minimum number of participation hours required and travel time can be included.

iii. Define what is accepted as "Education" (including activities and any hour requirements):

Education activities may include, but are not limited to, job readiness, community work experience, post secondary education including distance learning, vocational, educational, and academic training, adult basic education, English as a second language and general education degree programs. All educational programs must be completed through a certified or accredited secondary or post secondary training organization/institution. There is no minimum number of participation hours required and travel time can be included.

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

Attending job training or education activities may include, but are not limited to, job readiness, community work experience, post secondary education including distance learning, vocational, educational, and academic training, adult basic education, English as a second language and general education degree programs. All educational programs must be completed through a certified or accredited secondary or post secondary training organization/institution. There is no minimum number of participation hours required and travel time can be included .

3.1.2 Eligibility criteria: Reason for care

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?

Yes

No,

If no, describe the additional work requirements.

3.1.2 Eligibility criteria: Reason for care

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

No.

Yes. If yes:

i. Provide the Lead Agency's definition of "protective services":

Families with children who have a Child Protective Services (CPS) case with the local Department of Child Services (DCS) office may be eligible for CCDF child care services when the family have been referred by the CPS caseworker as needing care outside of the home as part of their family case plan.

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care

to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

No

Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

No

Yes

iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No

Yes

v. Does the Lead Agency provide respite care to custodial parents of children in protective services?

No

Yes

3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

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

A family's total income from all countable sources prior to taxes and deductions.

b. Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (i) and (ii) based on maximum eligibility at initial entry

into CCDF. Complete columns (iii) and (iv) only if the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

Family Size	(i) 100% of SMI(\$/Month)	(ii) 85% of SMI (\$/Month) [Multiply (a) by 0.85]	(iii) (IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	(iv) IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	\$3,606	\$3,065	1363	37.8
2	\$4609	\$4,008	1844	40.0
3	\$5,825	\$4,951	2324	39.9
4	\$6,934	\$5,894	2805	40.4
5	\$8,043	\$6,837	3285	40.8

c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

N/A

d. SMI source and year.

https://www.acf.hhs.gov/sites/default/files/documents/ocs/comm_liheap_im2002smiattachment_fy2021.pdf. 2021

Reminder: Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss.

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

Marion County

f. What is the effective date for these eligibility limits reported in 3.1.3 b? 3/21/2021

g. Provide the citation or link, if available, for the income eligibility limits.

https://www.in.gov/fssa/carefinder/files/CCDFSlidingFeeSchedule_withCopays_2021_Final.pdf

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).

a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application).

This question is on the CCDF application, "Does the CCDF household assets exceed 1 million dollars? Yes/no"

b) Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No.

Yes.

If yes, describe the policy or procedure and provide citation:

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

All CCDF families must reside in the state of Indiana.

Women with physical custody of their children transitioning out of the Indiana Women's Prison to a work release program will be able to access immediate childcare services through the CCDF Voucher Program if they meet income eligibility requirements. All of the children supported by this priority group will be under the age of 18 months at the time of the mother's release.

Students enrolled at Ivy Tech Community College will be able to access immediate childcare services through the CCDF Voucher Program if they meet income eligibility requirements.

b. eligibility redetermination.

All CCDF families must reside in the state of Indiana.

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors;
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- i. Other.

Describe:

Documentation of a child with special needs must be made by evidence of enrollment in one or more of the following programs or services: Children with Special Health Care Services as provided by the State of Indiana; or First Steps Early Intervention System for a child professionally diagnosed with disabilities or a copy of the child's Individualized Education Plan, or Verification of Supplemental Security Income, or Statement from a health care professional which includes the child's diagnosis. The Office of Early Childhood and Out-of-School Learning (OECOSL) has also updated policies and procedures to allow children who turn 13 during their subsidy period to continue services till the end of their subsidy period. This allows for there to be continuity of care and allows for families to plan for care needs. The OECOSL also allows for children participating in the On My Way Pre-k program to have access to a full day of services regardless of the family's work schedule (i.e. the family is only working part time). This action has been taken to acknowledge the developmental need of Pre-k students and the importance of the Pre-k instructional year preparing them for the beginning of school.

3.1.7 Fluctuation in earnings.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- Average the family's earnings over a period of time (i.e. 12 months).
- Request earning statements that are most representative of the family's monthly income.
- Deduct temporary or irregular increases in wages from the family's standard income level.
- Other.

Describe:

Poverty guidelines are established based on the number in the CCDF Household and income level from all countable sources to determine whether an Applicant is income eligible for the CCDF program. However, some CCDF Household Member's income

may be excluded. Additionally, a family may be considered eligible for a maximum of thirteen (13) weeks due to a temporary fluctuation in income. This is outlined in the CCDF Policy and Procedures manual in section 2.14.1 Poverty Guidelines

If a new Applicant is unable to demonstrate a financial need due to a temporary fluctuation in income, their application may remain incomplete and in a partial status for a maximum of thirteen (13) weeks. This will allow the new Applicant to complete their application when they are able to demonstrate a financial need. If a financial need is not demonstrated within thirteen (13) weeks, the partial application will be swept. This is outlined in the CCDF Policy and Procedures manual in section 2.14.6 New applicant with fluctuating income policy.

In situations where a reauthorizing Applicant or Co-Applicant's current income temporarily fluctuates and exceeds 85% SMI, the current subsidy period of 53 weeks may be extended thirteen (13) weeks to provide an opportunity for re-evaluation of their current income. This is outlined in the CCDF Policy and Procedures manual in section 4.4.10 Temporary Fluctuation in income.

An active CCDF Applicant or Co-Applicant may be considered income eligible for a period not to exceed thirteen (13) weeks when their current gross monthly income from all countable sources 85% SMI due to a temporary fluctuation in income. For eligibility purposes, the Applicant and Co-Applicant's monthly gross income for eligibility purposes will be equal to the prior documented current income. Copayment will be based on the prior documented income remaining the same. This is outlined in the CCDF Policy and Procedures manual in section 4.4.10 Temporary Fluctuation in Income.

3.1.8 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often.

Check all that apply.

- [Applicant identity.](#)
- [Required at Initial Determination](#)
- [Required at Redetermination](#)

Describe:

The applicant must submit one of the following forms of photo ID during the initial application process: Driver's License, Identification Card issued by any (federal, state or local) government, passport, Military identification card, School Identification Card or Work Identification Card.

- [Applicant's relationship to the child.](#)
- [Required at Initial Determination](#)
- [Required at Redetermination](#)

Describe:

Declared - physical custody .

- [Child's information for determining eligibility \(e.g., identity, age, citizen/immigration status\).](#)
- [Required at Initial Determination](#)
- [Required at Redetermination](#)

Describe:

One of the following must be submitted or verified for child identity during the initial application process:

- Birth Certificate,
- Hospital Issued Certificate of Birth,
- Birth Confirmation Letter,
- Court Record of Adoption,
- Paternity, or
- Foster Placement, if date of birth is verified,
- Documentation from the verifying agency of a foster child's date of birth,
- A completed and notarized Paternity Affidavit,
- State Form 44780,
- Identification Card issued by any government, if date of birth is on the card
- Passport or Permanent Residency Card,
- Hoosier Health or Medicaid Card, if date of birth is on the card,
- School Enrollment Record or Identification Card, if date of birth is on the card,
- Medical Immunization Record, if date of birth is on the document

One of the following must be submitted for child citizenship during the initial application process :

- Any appropriate documentation of proof of birth issued in the United States,
- Hoosier Healthwise or Medicaid card,
- Valid Green Card,
- Valid Visa,
- Form I-94;
- Arrival / Department Document,
- Social Security Card,
- Permanent Residency Card,



Work.



[Required at Initial Determination](#)



[Required at Redetermination](#)

Describe:

Work is established when an Applicant or Co-Applicant provides proof of monetary compensation for labor or services performed for another person or organization which constitutes their usual means of livelihood.

APPROPRIATE DOCUMENTS TO VERIFY EMPLOYMENT At least one of the following is an appropriate document to verify a service need of employment at eligibility determination and at redetermination:

- A pay stub including the following information: Identifying information for the Applicant or Co-Applicant
- Gross wages, if pay stub(s) is missing, the year to date may be utilized to calculate income for the missing pay date;
- Date received, if the date is absent, the Applicant or Co-Applicant must declare and document the date received on the verifying document;
- Cancelled check (front and back) with the following information:
 1. Employer's Name imprinted in the upper left corner of the check; Applicant or Co-Applicant's name appears in the "Pay to the Order of" line ;
 2. A date is recorded on the date line on the front of the check ;the amount paid is clearly visible on the front of the check ;
 3. The check has been fully negotiated (cashed) as evidenced on the back of the canceled check by the depositing financial institution; and
 4. A complete Wage Detail Form ;
- A computer generated Wage History Summary provided by the employer which includes:
 1. Identifying information for the Applicant or Co-Applicant ,
 2. Gross wages ,
 3. Date received, if the date received is absent, the Applicant or Co-Applicant must

declare and document the date received on the verifying document,

- Identifying information for the Employer;
- Completed State Form 54092 received directly from the DFR which provided wage information;
- A complete TANF Impact Referral for Applicant and Co-Applicant, if applicable;
- A statement of earnings from The Work Number (www.theworknumber.com) verifying current wages;
- For an OMW applicant paid in cash, a complete OECOSL Request for Earnings Information form.



Job training or educational program.



Required at Initial Determination



Required at Redetermination

Describe:

These training activities may include, but are not limited to:

- Job Readiness,
- Community Work Experience (CWEP),
- Post-Secondary Education (including distance learning),
- Vocational and Educational Training and Academic Training,
- Adult Basic Education (ABE),
- English as a Second Language (ESL), and
- General Education Degree (GED) Work / Study.

Education programs must be completed through a certified or accredited secondary or post secondary training organization/institution and could include post-secondary correspondence or distance learning. To find certified or accredited post-secondary training organizations / institutions, complete a search at www.chea.org, www.detc.org or www.ope.ed.gov/accreditation/, or www.in.gov/cpe.

VERIFICATION OF EDUCATION/TRAINING SERVICE NEED (NON TANF IMPACT FAMILY) School documentation must include the following in one or multiple documents at eligibility determination and at redetermination:

- Student name,
- School name (may be verified by Eligibility),
- Semester dates or begin and end date, if applicable

This verification may be in the form of the following:

- Registration form,
- School schedule which may be printed from school website,
- Statement on school letterhead

- Family income.
- Required at Initial Determination
- Required at Redetermination

Describe:

For purposes of CCDF eligibility, gross CCDF household income is defined as total income from all countable sources prior to taxes and after income exclusions and adjustments (as stated in the CCDF Policy Manual) received by each identified CCDF Household Member in the current period.

Documentation of Countable Income includes the following at eligibility determination and at redetermination

- Child Support/Spousal Maintenance:
- Child Support is money paid on a regular basis by a non-custodial parent for the benefit of his or her child, which include direct payments and payments via the clerk of the circuit courts and/or the Division of Family Resources, Child Support Bureau.
- Maintenance is an allowance paid to one spouse by the other for support pending or after separation or divorce.
- Earned Income (Wages or Salaries): Earned income is payments for labor or services usually according to a contract and on an hourly, daily, salaried, commission or piecework basis. For purposes of CCDF eligibility, earned income is counted using current wages prior to taxes and after qualifying deductions.
- Earned Income (Self Employment): Self-employed earned income is revenue received directly from an Applicant or Co-Applicant's own business, trade or profession minus business expenses as declared. Applicants must be able to demonstrate collection of revenue from self-employment; however, an operating loss may be incurred and is reported as zero on the application, State Form 805. An Applicant may be asked by the Office to provide documentation of gross receipts and expenses.
- Lump Sum Payments: Lump Sum Payments is money paid through life insurance, inheritances, lawsuit settlements, gambling/lottery winnings, severance payments from previous employer, retention bonuses from current employer, annual employment bonus, etc. are to be annualized, unless otherwise stated Other Sources of Income When other sources of income such as dividends, short term disability, investment income, and etc. are received, the gross receipts shall be counted.
- Pensions and annuities: Pensions and annuities are paid to a retired person or his/her survivors by a former employer or union either directly or through an insurance company.
- Benefits paid to a protective payee: If benefits are issued in someone else's name but for use by the Applicant or Co-Applicant, then the income must be counted. (i.e. Social Security, Veteran's Benefits, etc.). If this income is for a foster child, it

is not counted toward eligibility.

- Rental: Rental income received, less applicable mortgage, which may include escrow payment, from property owned by the Applicant and/or Co-Applicant.
- Social Security Income: Social Security Income is money paid to an individual as cash assistance who is age qualified, a survivor of a qualified individual, a permanently disabled individual or an individual retired from the railroad. Lump Sum Social Security income payments are not counted.
- Temporary Assistance for Needy Families (TANF): TANF is money paid as cash assistance to an adult in the assistance group.
- Unearned Income for a TANF Impact case: Unearned income is income received by a TANF Impact Applicant or Co-Applicant from a source other than employment and TANF cash benefit.
- Unemployment benefits: Unemployment is money paid from government unemployment insurance agencies or private companies during the period of unemployment. For purposes of CCDF eligibility, Unemployment income is counted prior to taxes and after qualifying deductions.
- Veteran's Benefits: Veteran's benefits are money paid by the Veteran's Administration to disabled or retired members of the Armed Forces or to survivors of deceased veterans.
- Worker's Compensation: Worker's compensation is money paid periodically from public or private insurance companies for injuries incurred at work. The cost of this insurance must have been paid by the employer and not the employee.

[Household composition.](#)

[Required at Initial Determination](#)

[Required at Redetermination](#)

Describe:

CCDF HOUSEHOLD (FAMILY): A CCDF Household is one or more custodial adults and children related by blood or law, or other person standing in loco parentis, residing in the same CCDF Household. Where custodial adults over the age of 18 (other than spouses or biological parents of the children needing services) reside together, each is considered a separate CCDF Household.

Wards of the Local Office of the Department of Child Services (DCS), foster children on Title IV-E, are the legal responsibility of DCS and not the CCDF Household in which the child has been placed. Note: A marriage between persons of the same gender is recognized in Indiana; therefore, persons of the same gender are considered Applicant and Co-Applicant

- Applicant residence.
- Required at Initial Determination
- Required at Redetermination

Describe:

Proof of address from a 3rd party which includes Applicant or Co-Applicant name, date and street address, city and/or zipcode.

- Other.
- Required at Initial Determination
- Required at Redetermination

Describe:

3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

- Time limit for making eligibility determinations

Describe length of time:

Every two to four weeks, if funds are available, the Eligibility Specialist will be notified of an estimated number of non-TANF IMPACT children who can be added to the program from the waitlist. It is the responsibility of the Eligibility Specialist to notify and enroll children within the next fourteen to twenty eight days depending on the number of children being enrolled.

- Track and monitor the eligibility determination process

- Other.

Describe:

- None

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

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

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 younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure 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/territory 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: The Division of Family Resources (DFR), Family Social Services Administration (FSSA)

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

i. "Appropriate child care":

Any child care which is provided in accordance with Indiana law. Appropriate child care is either licensed, registered or legally-license exempt.

ii. "Reasonable distance":

A round trip from home to child care setting is less than two (2) hours in duration by an automobile.

iii. "Unsuitability of informal child care":

Care which has resulted in abuse or neglect of a child or care which is subject to licensure requirements, but is not licensed.

iv. "Affordable child care arrangements":

Any care which is totally subsidized by the agency as TANF recipients are not expected to pay for child care.

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

- i. In writing
- ii. Verbally
- iii. Other.

Describe:

d. Provide the citation for the TANF policy or procedure:

470 IAC 10.3-8-3 (c). Good cause for failure to comply with the requirements of this section shall be limited to the following: 1) The required actions were beyond the capability of the individual to perform. 2) The agency failed to provide the services needed by the individual to perform the required action.

3.2 Family Contribution to Payments

3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

3.2.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.

a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	1074	54	5	1363	95	7
2	1453	73	5	1844	129	7
3	1831	92	5	2324	163	7
4	2209	110	5	2805	196	7
5	2588	129	5	3285	230	7

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

Marion County

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

c. What is the effective date of the sliding-fee scale(s)? March 21, 2021

d. Provide the link(s) to the sliding-fee scale:

https://www.in.gov/fssa/carefinder/files/CCDFSlidingFeeSchedule_withCopays_2021_Fin

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

Check all that apply under a. or b.

a. The fee is a dollar amount and (check all that apply):

- i. The fee is per child, with the same fee for each child.
- ii. The fee is per child and is discounted for two or more children.
- iii. The fee is per child up to a maximum per family.
- iv. No additional fee is charged after certain number of children.
- v. The fee is per family.
- vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

vii. Other.

Describe:

b. The fee is a percent of income and (check all that apply):

- i. The fee is per child, with the same percentage applied for each child.
- ii. The fee is per child, and a discounted percentage is applied for two or more children.
- iii. The fee is per child up to a maximum per family.
- iv. No additional percentage is charged after certain number of children.
- v. The fee is per family.
- vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

vii. Other.

Describe:

3.2.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder ' Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

No.

Yes, check and describe those additional factors below.

a. Number of hours the child is in care.

Describe:

b. Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

c. Other.

Describe:

The number of years a family has been on CCDF after year three (3) is also used to determine the family's contribution to the cost of child care.

3.2.4 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 (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

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

Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

a. Families with an income at or below the Federal poverty level for families of the same size.

Describe the policy and provide the policy citation.

CCDF Policy and Procedure Manual

3.11 CHILD CARE SUBSIDY AND COPAYMENT

A copayment is defined as a weekly fee for child care based on the CCDF Household's income exceeding 100% of the federal poverty guidelines and their year of CCDF participation utilizing the Office's Child Care Income Eligibility Determination and Sliding Fee Scale.

b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

CCDF Policy and Procedure Manual

2.9.2 CPS SERVICE AND FINANCIAL NEED POLICY

The service and financial need requirements are waived for children who have been referred by the CPS caseworker as needing out of home care as part of the CPS case plan.

c. Families meeting other criteria established by the Lead Agency. Describe

Describe the policy.

CCDF Policy and Procedure Manual

OMW 3.11.1 CO-PAYMENT POLICY

Applicants chosen and determined eligible for the OMW program will not be charged a family co-payment during the entire subsidy period. These children are considered a CCDF priority.

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

a. Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)

The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures.

A families copay is only assessed at eligibility determination and at redetermination.

For families that have entered the graduated phase-out of assistance, we offer 16 weeks of transitional care. During this time co-pays would not be increased and may be decreased if there is a reduction in income.

Effective March 22, 2020 families were provided an additional 10 weeks (for a total of 26 weeks) of transitional care before benefits are terminated due to COVID-19. This change is in effect until Executive Order 20-02, which declared that a public health emergency exists throughout the State of Indiana expires, or is extended and provides a new expiration date.

B. Provide the citation for this policy or procedure.

CCDF Policy and Procedure Manual Section 2.15 Service Need Type - Transitional Care

The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

A. Provide the income level for the second tier of eligibility for a family of three:

B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:

2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

3.2.5 b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

No

Yes

i. If yes, describe how the Lead Agency gradually adjusts copayments for families under a graduated phase-out.

A families copay is only assessed at eligibility determination and at redetermination. For families that have entered the graduated phase-out of assistance, we offer 16 weeks of transitional care. During this time co-pays would not be increased and may be decreased if there is a reduction in income.

Effective March 22, 2020 families were provided an additional 10 weeks (for a total of 26 weeks) of transitional care before benefits are terminated due to COVID-19. This change is in effect until Executive Order 20-02, which declared that a public health emergency exists throughout the State of Indiana expires, or is extended and provides a new expiration date.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.4.3 of the plan.)*

No.

Yes.

Describe:

3.3 Increasing Access for Vulnerable Children and Families

3.3 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:

CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

Documentation of a child with special needs must be made by evidence of enrollment in one or more of the following programs or services: Children with Special Health Care Services as provided by the State of Indiana; or First Steps Early Intervention System, or Head Start for a child professionally diagnosed with disabilities or A copy of the child's Individualized Education Plan, or Verification of Supplemental Security Income, or Statement from a health care professional which includes the child's diagnosis. Special needs are identified on the CCDF application, and children with special needs receive priority over other CCDF eligible families.

b) "Families with very low incomes":

Very low Income level is below 100% of the federal poverty level. Families receive the same priority as other CCDF eligible families. Copayments are waived for families with income under 100% of the Federal Poverty Level.

3.3.2 Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iii. Indicate how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

Special Needs: Documentation of a child with special needs must be made by evidence of enrollment in one or more of the following programs or services: Children with Special Health Care Services as provided by the State of Indiana First Steps Early Intervention System Head Start for a child professionally diagnosed with disabilities A copy of the child's Individualized Education Plan Verification of Supplemental Security Income Statement from a health care professional which includes the child's diagnosis. Special needs are identified on the CCDF application, and children with special needs receive priority over other CCDF eligible families. **Very Low Income:** Very low Income level is defined as below 100% of the federal poverty level. Families receive the same priority as other CCDF eligible families. **Copayments** are waived for families with income under 100% of the Federal Poverty Level. **Homelessness:** Families who reside in a homeless or a domestic violence shelter, half-way house or in a public place such as a sidewalk, park or car by written response on the CCDF application will receive priority over other CCDF eligible families. **TANF:** TANF families receive priority over non-TANF families to receive CCDF services. Co payment is waived for families who are below poverty level. **The Lead Agency** coordinates with the TANF offices in receiving referrals.

3.3.3 List and define any other priority groups established by the Lead Agency.

A CCDF Household declaring a priority must provide verification of their priority (i.e. TANF Impact, AJS, SNAP, DCS, Ivy Tech, special needs, homeless, or CPS with the exception of

OMW. These families are determined by the State).

- A TANF Impact applicant must provide a valid TANF Impact referral.
- A TANF AJS applicant must provide a valid TANF AJS referral.
- SNAP applicant must provide a valid SNAP referral.
- A DCS or Ivy Tech applicant must provide a valid referral.
- A child with special needs must provide appropriate special needs documentation.
- A homeless applicant must verify their residency status by written response to the appropriate questions on the CCDF pre-application.
- A CPS applicant must provide a valid CPS referral. Families participating in the OMW program are excluded from this priority group.
- A CCDF household who has demonstrated employment in a business designated as essential under Executive Order 20-18. This priority group will remain in effect until such time that either Executive Order 20-02, which declared that a public health emergency exists throughout the State of Indiana expires, or Executive Order 20-18 is no longer in effect.

3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

A TANF Impact priority: A TANF AJS priority For families that have a priority of TANF Impact and TANF AJS, these families are put immediately on using TANF funds only. At the completion of the families Impact or AJS activity if the family meets CCDF eligibility requirements the family can immediately utilize CCDF funds for continued assistance.

DCS or Ivy Tech Priority: For families that have a priority of DCS or Ivy Tech, these families are put immediately on using CCDF funds only. At the completion of the families DCS priority if the family meets CCDF eligibility requirements the family can continue to utilize CCDF funds for continued assistance.

SNAP priority: For families that have a priority of SNAP, these families are put immediately on using SNAP funds only. At the completion of the families Impact activity if the family meets CCDF eligibility requirements the family can immediately utilize CCDF funds for continued assistance.

A child with special needs priority: A child with a priority of special needs is the first priority

on the waiting list. When funds are made available these children are moved to receive CCDF services based on date of application.

A homeless priority: A child with a priority of homelessness goes is the second priority on the waiting list. When funds are made available these children are moved to receive CCDF services based on date of application.

A CPS applicant must provide a valid CPS referral. A child with a priority of CPS is the third priority on the waiting list. When funds are made available these children are moved to receive CCDF services based on date of application.

Families participating in the OMW program: Children with a priority of OMW are enrolled during the OMW Pre-K enrollment period for the following pre-k school year.

For families that have a priority under Executive Order 20-08 these families are put immediately on using CCDF funds only.

3.3.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and technical assistance to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

A licensed child care center, licensed home, unlicensed registered ministry, and a legally license exempt provider may allow a 90 day grace period to receive immunization records and birth certificates if the child's file contains a signed parent/guardian statement indicating that the family is homeless,

b. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- i. Lead Agency accepts applications at local community-based locations
- ii. Partnerships with community-based organizations
- iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- iv. Other

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.3.6 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note:

Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

Children experiencing homelessness (as defined by Lead Agency's CCDF)

A licensed child care center, licensed home, unlicensed registered ministry, and a legally license exempt provider may allow a 90 day grace period to receive immunization records and birth certificates if the child's file contains a signed parent/guardian statement indicating that the family is homeless.

Provide the citation for this policy and procedure.

470 IAC 3-1.1-37, 470 IAC 3-4.7-16, 470 IAC 3-18-17 (Interpretive Guides)

Children who are in foster care.

The Lead Agency allows a 90 day grace period for child care providers to collect immunization records for children in foster care and families that indicate they are homeless. The Lead Agency is responsible for the licensing/registration/certification of child care providers and works directly with providers on the grace period for homeless and foster children.

Provide the citation for this policy and procedure.

470 IAC 3-1.1-37, 470 IAC 3-4.7-16, 470 IAC 3-18-17 (Interpretive Guides)

b) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)).

Local Child Care Resource and Referral (CCR&R) agencies work with homeless shelters in their regions and provide information and referrals to families. Local CCR&R agencies also provide training to providers on serving homeless families and children. Additionally, the following steps have been taken to increase outreach and strengthen local partnership efforts: A list of the Regional Planning Council chair persons and their contact information has been shared with the local CCR&R Program Directors and Outreach Specialists. A list of McKinney-Vento coordinators from the local educational agencies has been shared with the CCR&R Program Directors and Outreach Specialists.

c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

No.

Yes.

Describe:

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 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 percent of state median income (SMI).regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illnessany interruption in work for a seasonal worker who is not workingany student holiday or break for a parent participating in a training or educational programany reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational programany other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agencya child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)any changes in residency within the state, territory, or tribal service area

- a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

A subsidy period, inclusive of the subsidy begin and end date, may not exceed 53 weeks in duration unless when appropriately documented the subsidy end date is extended; however, it may not extend beyond the Applicant or Co-Applicant's documented service need,. This period must begin on a Sunday and end on a Saturday. In situations where the Eligibility Specialist questions or anticipates a change in the Applicant or Co-

Applicant's service need, a subsidy period of more than fifty-three (53) weeks may be established to provide an opportunity to re-evaluate the Applicant or Co-Applicant's service need.

Temporary change in service need is defined as a temporary time period when an Applicant or Co-Applicant is not participating in their service need including, but not limited to, absence from employment due to maternity, extended medical leave, changes in seasonal work schedule, an ailing family member or temporarily not attending an education program due to semester breaks not to exceed sixteen (16) weeks.

CCDF Policy Manual Section 3.3 SUBSIDY END DATE

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.

Describe or define your Lead Agency's policy:

CHANGE IN SERVICE NEED DEFINITION: A change in service need is defined as a temporary time period when an Applicant or Co-Applicant is not participating in their service need including, but not limited to, absence from employment due to maternity, extended medical leave, changes in seasonal work schedule, or temporarily not attending an education program due to semester breaks not to exceed sixteen (16) weeks.

Citation:

CCDF Policy and Procedure Manual Section 2.8

ii. Any interruption in work for a seasonal worker who is not working.

Describe or define your Lead Agency's policy:

CHANGE IN SERVICE NEED DEFINITION: A change in service need is defined as a temporary time period when an Applicant or Co-Applicant is not participating in

their service need including, but not limited to, absence from employment due to maternity, extended medical leave, changes in seasonal work schedule, or temporarily not attending an education program due to semester breaks not to exceed sixteen (16) weeks.

Citation:

CCDF Policy and Procedure Manual Section 2.8

iii. Any student holiday or break for a parent participating in a training or educational program.

Describe or define your Lead Agency's policy:

CHANGE IN SERVICE NEED DEFINITION: A change in service need is defined as a temporary time period when an Applicant or Co-Applicant is not participating in their service need including, but not limited to, absence from employment due to maternity, extended medical leave, changes in seasonal work schedule, or temporarily not attending an education program due to semester breaks not to exceed sixteen (16) weeks.

Citation:

CCDF Policy and Procedure Manual Section 2.8

iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

Describe or define your Lead Agency's policy:

CHANGE IN SERVICE NEED DEFINITION: A change in service need is defined as a temporary time period when an Applicant or Co-Applicant is not participating in their service need including, but not limited to, absence from employment due to maternity, extended medical leave, changes in seasonal work schedule, or temporarily not attending an education program due to semester breaks not to exceed sixteen (16) weeks.

Citation:

CCDF Policy and Procedure Manual Section 2.8

v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency.

Describe or define your Lead Agency's policy:

Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program. Describe or define your Lead Agency's policy: CHANGE IN SERVICE NEED DEFINITION A change in service need is defined as a temporary time period when an Applicant or Co-Applicant is not participating in their service need including, but not limited to, absence from employment due to maternity, extended medical leave, changes in seasonal work schedule, or temporarily not attending an education program due to semester breaks not to exceed sixteen (16) weeks.

Citation:

CCDF Policy and Procedure Manual Section 2.8

vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1).

Describe or define your Lead Agency's policy:

ELIGIBLE CHILD POLICY: An eligible child is a child related to the Applicant and Co-Applicant either by blood or law or other person standing in loco parentis (in place of the parent). All eligible children must be under the age of thirteen (13) at the time of application or reapplication, however, children turning the age of thirteen (13) may continue to participate through the end of the subsidy period including any extensions of time. A child over the age of thirteen (13) at the time of application or reapplication with an appropriately documented special needs or court ordered supervision and is under the age of eighteen (18) may participate until the Sunday following their eighteenth (18th) birthday.

Citation:

CCDF Policy and Procedure Manual Section 2.5.1(a)

vii. Any changes in residency within the state, territory, or tribal service area.

Describe or define your Lead Agency's policy:

When an active Applicant and/or Co-Applicant moves to another Indiana County, they may transfer their CCDF benefits to their new county of residence provided the Applicant and/or Co-Applicant can demonstrate compliance with all CCDF Policies.

Citation:

CCDF Policy and Procedure Manual Section 4.2

- c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.

Effective March 22, 2020 families were provided an additional 10 weeks (for a total of 26 weeks) of transitional care before benefits are terminated due to COVID-19. This change is in effect until Executive Order 20-02, which declared that a public health emergency exists throughout the State of Indiana expires, or is extended and provides a new expiration date .

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

- a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-

temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of state median income (SMI), assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

No.

Yes.

If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

The Lead Agency allows job search or seeking employment as an eligible activity at initial determination and allows job search or seeking employment at the 12 month eligibility redetermination. All eligible CCDF families are allowed 53 weeks of eligibility at initial determination.

b. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

If an applicant or co-applicant fails to participate in job search or resume work or attend an education program for a period that exceeds sixteen (16) weeks, the case will be terminated.

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

An applicant must notify the Eligibility Office for a non temporary loss of service need. At the time of notification, the applicant will receive up to 26 weeks of child care that can be utilized for job search. At the end of this timeframe the applicant must be participating in an eligible CCDF service need.

iii. How long is the job-search period (must be at least 3 months)?

16 weeks.

Effective March 22, 2020 families were provided an additional 10 weeks (for a total of 26 weeks) of transitional care before benefits are terminated due to COVID-19. This change is in effect until Executive Order 20-02, which declared that a public health emergency exists throughout the State of Indiana expires, or is extended and provides a new expiration date.

iv. Provide the citation for this policy or procedure.

CCDF Policy and Procedure Manual 2.11- Employment

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination. Check all that apply.

- i. Not applicable.
- ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

A. Define the number of unexplained absences identified as excessive:

61 days of having no electronic attendance.

B. Provide the citation for this policy or procedure:

CCDF Policy and Procedure Manual 3.14.4 - Termination for Excessive Unexplained Absence

- iii. A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

CCDF Policy and Procedure Manual 2.4- Residency

iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

Misrepresenting, concealing or withholding information on the application.CCDF Policy and Procedure Manual 6.1.- Adverse Action

3.4.3 Change reporting during the minimum 12-month eligibility period.

3.4.3 Change reporting during the minimum 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

a. Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

No
 Yes

b. Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of

state median income (SMI)) or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

i. Additional changes that may impact a family's eligibility during the 12-month period.

Describe:

The following changes must be reported requiring the Eligibility Specialist to take the appropriate action: change in residency outside of the state of Indiana, change in household size, a non temporary loss of service need, a change with whom child resides, income that exceeds 85% SMI or total assets that exceed one million dollars.

ii. Changes that impact the Lead Agency's ability to contact the family.

Describe:

iii. Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

Failure to select a CCDF eligible provider.

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

i. Phone

ii. Email

iii. Online forms

iv. Extended submission hours

v. Postal Mail

- vi. FAX
- vii. In-person submission
- viii. Other.

Describe:

Document upload

d) Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

Change in: address, phone numbers, provider, physical custody, name, household size, change in income or cessation of service need.

ii. Provide the citation for this policy or procedure.

CCDF Policy and Procedure Manual 4.2 - Maintaining an Application

3.4.4 Prevent the disruption of employment, education, or job training activities

3.4.4 Prevent the disruption of employment, education, or job training activities.

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for

the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other.

Describe:

REQUIRED NOTIFICATION OF UPCOMING REAUTHORIZATION: It is the responsibility of the Eligibility Specialist to notify the Applicant of the impending reauthorization at least thirty (30) days prior to the current subsidy end date. The Eligibility Specialist must allow the Applicant the choice of recertifying through face to face, mail in, fax or other means that do not unduly disrupt their employment, education or job training activities. The notification may be made using computer generated letters or agency letters which contain similar information, provided the mailing date has been documented.

4 Ensure Equal Access to Child Care for Low-Income Children

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the

option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

Parents receive their child care pre-voucher once they have been determined eligible to receive CCDF and they have selected an eligible CCDF provider. Information on the pre-voucher includes the authorized subsidy for child care services for a specific eligible child, CCDF authorized provider, voucher begin/end dates, provider type, hours authorized, copay and subsidy amount. Parents will also receive the Consumer Statement at the time they receive their pre-voucher.

4.1.2 Identify how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

- a. Certificate provides information about the choice of providers
- b. Certificate provides information about the quality of providers
- c. Certificate is not linked to a specific provider, so parents can choose any provider
- d. Consumer education materials on choosing child care
- e. Referrals provided to child care resource and referral agencies
- f. Co-located resource and referral staff in eligibility offices
- g. Verbal communication at the time of the application
- h. Community outreach, workshops, or other in-person activities
- i. Other.

Describe:

Parents are also informed as they search and select a child care providers on

www.childcarefinder.IN.gov.

4.1.3 A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

Parents receive their child care pre-voucher once they have been determined eligible to receive CCDF and they have selected an eligible CCDF provider. Information on the pre-voucher includes the authorized subsidy for child care services for a specific eligible child, CCDF authorized provider, voucher dates, provider type, hours authorized, copay and subsidy amount. Parents will also receive the Consumer Statement at the time they receive their pre-voucher.

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

The Lead Agency contracts with Conduent for provider payments. This payment data includes information regarding the number of providers receiving subsidy payments as well as the number of current child care vouchers.

c. Identify any barriers to provider participation, including barriers related to payment rates and practices - including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:

Concerns regarding payment rates will lead to a review of the current market rates. If the sample size for a particular county is small, additional analysis is conducted to determine if a rate change is needed.

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).

This is a requirement in IC 12-17.2-35 (Provider Eligibility Standards for CCDF Providers) and is posted online in the regulations at www.childcarefinder.IN.gov. This standard is verified during the annual inspections. CCDF providers also sign a Provider Information Page acknowledging that parents will have unlimited access to their children.

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 (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

- No.
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
 - a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.
Describe:
An Applicant is eligible for in-home care when at least one (1) related CCDF Household member is eligible for child care assistance unless otherwise approved by the Office of Early Childhood and Out-of-School Learning (OECOSL).
 - b. Restricted based on the provider meeting a minimum age requirement.
Describe:
The provider must be at least eighteen (18) years old.
 - c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).
Describe:
 - d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)).

Describe:

e. Restricted to care for children with special needs or a medical condition.

Describe:

f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

g. Other.

Describe:

An in-home provider has to meet the Provider Eligibility Standards the same as all legally licensed exempt providers under IC 12-17.2-3.5.

4.1.6 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 to be paid in the certificate program.

No. If no, skip to 4.1.7.

Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

The Lead Agency has 31 contracts for child care slots in 9 counties throughout the state.

Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and

how grants or contracts are promoted by the Lead Agency:

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

4.1.6 Child care services available through grants or contracts.

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care?

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

- To increase the supply of care
- To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

- To increase the supply of care
- To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

- To increase the supply of care
- To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

- To increase the supply of care
- To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

- To increase the supply of care
- To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:

- To increase the supply of care
- To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

- To increase the supply of care
- To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

- To increase the supply of care
- To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

- To increase the supply of care
- To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

- To increase the supply of care
- To increase the quality of care

Describe

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental

choice (98.16(x)).

a. In child care centers.

The Lead agency relies on three primary sources of data to track the supply of child care. First, Early Learning Indiana has developed the State of Early Learning Access report that produces an indicator of both supply and demand of child care as well as the additional components of quality, affordability and choice. Second, each of the 5 CCR&R's publish annual reports that include information about the supply, demand, and quality of care in their respective service delivery areas. Third, the Lead Agency receives reporting on pending vouchers in which a family is eligible but unable to find a provider. Collectively, these reports support the capacity building efforts of teh CCR&R and factor into identifying areas for additional grants for child care slots.

b. In child care homes.

The Lead agency relies on three primary sources of data to track the supply of child care. First, Early Learning Indiana has developed the State of Early Learning Access report that produces an indicator of both supply and demand of child care as well as the additional components of quality, affordability and choice. Second, each of the 5 CCR&R's publish annual reports that include information about the supply, demand, and quality of care in their respective service delivery areas. Third, the Lead Agency receives reporting on pending vouchers in which a family is eligible but unable to find a provider. Collectively, these reports support the capacity building efforts of teh CCR&R and factor into identifying areas for additional grants for child care slots.

c. Other.

The Lead agency relies on three primary sources of data to track the supply of child care. First, Early Learning Indiana has developed the State of Early Learning Access report that produces an indicator of both supply and demand of child care as well as the additional components of quality, affordability and choice. Second, each of the 5 CCR&R's publish annual reports that include information about the supply, demand, and quality of care in their respective service delivery areas. Third, the Lead Agency receives reporting on pending vouchers in which a family is eligible but unable to find a provider. Collectively, these reports support the capacity building efforts of teh CCR&R and factor into identifying areas for additional grants for child care slots.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

a) Children in underserved areas. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

The Lead Agency continues to assess the supply of child care throughout the state. This analysis allows for areas of the state to be identified and targeted for contracted slots.

ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

The Lead Agency contracts with 5 CCR&R grantees around the state that represent all 92 counties and provide child care resource and referral services to parents, communities and ECE programs. In addition the Lead Agency contracts with another grantee that supports all 92 counties with technical assistance focused on quality improvements through coaching, mentoring and cohort learning. The Lead Agency also contracts with another grantee that supports all 92 counties with access to education, accreditation and workforce supports. Through this network of agencies technical assistance is provided to child care providers in underserved areas identified throughout the state and to build capacity in these areas.

v. Recruitment of providers.

Describe:

The Lead Agency contracts with 5 CCR&R grantees around the state that represent all 92 counties and provide child care resource and referral services to parents, communities and ECE programs. In addition, the Lead Agency contracts with another grantee that supports all 92 counties with technical assistance focused on quality improvements through coaching, mentoring and cohort learning. The Lead Agency also contracts with another grantee that supports all 92 counties with access to education, accreditation and workforce supports. Through this network of agencies technical assistance is provided to child care providers in underserved areas identified throughout the state and to build capacity in these areas.

vi. Tiered payment rates (as in 4.3.3).

Describe:

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

The Lead Agency contracts with 5 CCR&R grantees around the state that represent all 92 counties and provide child care resource and referral services to parents, communities and ECE programs. In addition the Lead Agency contracts with another grantee that supports all 92 counties with technical assistance focused on quality improvements through coaching, mentoring and cohort learning. In addition, the Lead Agency contracts with another grantee that supports all 92 counties with access to education, accreditation and workforce supports. Through this network of agencies providing technical assistance, and through an online training platform, child care providers can access trainings and supports aimed at improving business practices.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

b. Infants and toddlers. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

The Lead Agency has 31 contracts with child care providers throughout the state to increase the supply and improve the quality of child care providers caring for infants and toddlers.

ii. Family Child Care Networks.

Describe:

The Lead Agency partners with Early Learning Indiana (ELI) and local Child Care Resource and Referral (CCR&R) Agencies on a Quality Improvement Campaign to create and maintain Family Child Care Cohorts across the state. The CCR&R agencies provide meaningful professional development experiences to enhance the quality of family child care networks in their region. The goal is to support eight (8) to twelve (12) Family Child Care Providers, per region, as they work to advance towards the obtainment of a CDA credential and move through the levels of PTQ. Through private partnerships, the cohorts will receive financial incentives and support in coordination with Early Learning Indiana. This type of support has

created a successful professional development environment model that can be duplicated and will improve quality, knowledge-base, compensation, and retention. SPARK Learning Lab has a specific focus on building and expanding upon this work with the Town Square Indiana which is an online environment designed for family child care home programs and their unique challenges. Town Square is an opportunity to share with and support other home-based early education professionals, with the support of a coach, and build skills towards building quality family child care networks through professional development and learning.

[iii. Start-up funding.](#)

[Describe:](#)

[iv. Technical assistance support.](#)

[Describe:](#)

The Lead Agency contracts with 5 grantees around the state that represent all 92 counties and provide child care resource and referral services to parents, communities and ECE programs. In addition, the Lead Agency contracts with another grantee that supports all 92 counties with technical assistance focused on quality improvements through coaching, mentoring and cohort learning. In addition, the Lead Agency contracts with IAEYC that supports all 92 counties with technical assistance focused on quality improvements through education and accreditation. Through this network of agencies technical assistance and through an online training platform child care providers can access trainings and supports aimed at improving supports for infants and toddlers throughout the state.

[v. Recruitment of providers.](#)

[Describe:](#)

The Lead Agency contracts with 5 grantees around the state that represent all 92 counties and provide child care resource and referral services to parents, communities and ECE programs. In addition, the Lead Agency contracts with another grantee that supports all 92 counties with technical assistance focused on quality improvements through coaching, mentoring and cohort learning. Through this network of agencies technical assistance and through an online training platform child care providers can access trainings and supports aimed at improving

supports for infants and toddlers throughout the state.

vi. Tiered payment rates (as in 4.3.3).

Describe:

Tiered payment rates are used for programs participating in Paths to Quality. These increased rates for higher quality programs both increase the supply and quality of child care.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

The Lead Agency contracts with 5 grantees around the state that represent all 92 counties and provide child care resource and referral services to parents, communities and ECE programs. In addition, the Lead Agency contracts with another grantee that supports all 92 counties with technical assistance focused on quality improvements through coaching, mentoring and cohort learning. SPARK Learning Lab will work with all ECE programs which increase their business practice awareness and skills. Through face to face or distance learning solutions that provide universal skill building, group cohort learning and intensive support opportunities ECE programs will have access to specialized consultation and coaching that will allow them to provide increased care and education to this population of children and their families. Through this network of agencies providing technical assistance, and through an online training platform, child care providers can access trainings and supports aimed at improving business practices.

viii. Accreditation supports.

Describe:

The Lead Agency contracts with the Indiana Association for the Education of Young Children (IAEYC) to administer the Indiana Accreditation Project. This project awards scholarships to eligible early care and education facilities seeking a Paths to QUALITY™ Level 4 rating for all steps of the national accreditation process, including on-going maintenance costs. This project also includes targeted and

individualized coaching for those seeking accreditation.

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

The Lead Agency contracts with Infancy Onward to provide access to the Infant/Toddler Mental Health Endorsement and to validate the experience of providers who focus on Infants and Toddler care. Infancy Onward also provides training and reflective supervision for endorsed providers.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

c. Children with disabilities. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

SPARK Learning Lab will work with all ECE programs to increase their awareness and skills in supporting children with children with disabilities. Through face to face or distance learning solutions that provide universal skill building, group cohort learning and intensive support opportunities ECE programs will have access to specialized consultation and coaching that will allow them to provide increased care and education to this population of children and their families.

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

Reimbursement to child care providers caring for children with special needs may exceed the market rate by 10%. This determination is made by the Automated Intake System (AIS) based upon the provider's charges as recorded by the Eligibility Specialist.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

SPARK Learning Lab will work with all ECE programs which increase their business practice awareness and skills. Through face to face or distance learning solutions that provide universal skill building, group cohort learning and intensive support opportunities ECE programs will have access to specialized consultation and coaching that will allow them to provide increased care and education to this population of children and their families.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

SPARK Learning Lab works to increase the awareness, knowledge and education of ECE programs as it relates to caring for children with disabilities. Through the tiered level of supports offered ECE programs have access to specialized consultation, coaching and training that will allow them to provide better care for this population. In working with families, the CCR&R system provides enhanced referrals for families caring for children with special needs. This included enhanced consumer education, as well as access to information about availability of programs that have available slots to support families with complex needs.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

d. Children who receive care during non-traditional hours. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

SPARK Learning Lab will work with all ECE programs to increase their awareness and skills in supporting programs with non-traditional hours.. Through face to face or distance learning solutions that provide universal skill building, group cohort learning and intensive support opportunities ECE programs will have access to specialized consultation and coaching that will allow them to provide increased care and education to this population of children and their families.

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

SPARK Learning Lab will work with all ECE programs to increase their business practice awareness and skills. Through face to face or distance learning solutions that provide universal skill building, group cohort learning and intensive support opportunities ECE programs will have access to specialized consultation and coaching that will allow them to provide increased care and education to this population of children and their families.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

The Lead Agency has 31 contracts for child care slots in 9 counties throughout the state.

The Lead Agency has not yet issued stabilization payments from the ARP funds appropriated. It is anticipated that the Lead Agency will utilize a formula, produced from information gathered in the narrow cost study, to determine the stabilization payment amount for each eligible child care provider. The online application, which is still under development, will ask providers to report their current class size by age group, if the class is open or closed, and the typical enrollment for that classroom. Other information will be prepopulated as to minimize the reporting burden on providers and that information, in combination with what is reported, will generate a total dollar amount to be provided through the stabilization grant. All assumptions will be displayed so that providers can validate the accuracy of the information or provide additional information if they disagree with the assumptions of the model. Payments will take into account quality level as well as ways to provide enough funding to open closed classrooms to increase needed capacity.

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

SPARK Learning Lab will work with all ECE programs to increase the supply and improve the quality of child care. Through face to face or distance learning solutions that provide universal skill building, group cohort learning and intensive support opportunities ECE programs will have access to specialized consultation and coaching that will allow them to provide increased care and education to this population of children and their families.

v. Recruitment of providers.

Describe:

The Lead Agency coordinates with the 5 CCR&R's representing all 92 counties to set goals to increase the supply of child care throughout the state.

vi. Tiered payment rates (as in 4.3.3).

Describe:

The Lead Agency's QRIS uses tiered payment rates to both improve the supply and quality of child care.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

SPARK Learning Lab will work with all ECE programs to increase their business practice awareness and skills. Through face to face or distance learning solutions that provide universal skill building, group cohort learning and intensive support opportunities ECE programs will have access to specialized consultation and coaching that will allow them to provide increased care and education to this population of children and their families.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

The Lead Agency uses several available data sources at both the state (Hoosiers By the Numbers) and federal level (US Census Bureau, BLS and SAIPE) to identify areas of high poverty and unemployment.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

The Lead Agency utilizes a variety of investments in collaboration with many partners to increase access to high quality programs in areas of concentrated poverty and unemployment. The Lead Agency, in partnership with the CCR&R state network, strives to increase the capacity of high quality programs within identified areas of high need. CCR&Rs provide focused provider recruitment and the use of a technical assistance in targeted high need areas within their regions. The Quality Continuum Framework is used by the CCR&R network to build the availability of high quality programs in these areas.

The Quality Continuum Framework is a process used to move child care providers from non-licensure to licensure or voluntary certification, PTQ enrollment to higher levels of quality and ultimately the highest rating level of PTQ. The Lead Agency sets and monitors the achievement of key benchmarks for each CCR&R agency to promote licensure/certification, PTQ participation and PTQ level advancement. The Lead Agency has partnered with other agencies, such as Early Learning Indiana, and others to provide capacity building grants. The Lead Agency, through the CCR&R networks, provides comprehensive referrals for all families, including those with CCDF vouchers or those looking for care during non-traditional hours, care for an infant, toddler or for a child with special needs. Face-to-face referrals are also offered to families receiving TANF work benefits (the Indiana TANF Impact program). These referrals have shown to be successful at increasing family awareness on the importance of high quality programs and specifically about the PTQ system. Enhanced referrals have helped to increase the number of families selecting highly rated PTQ provider. In addition to initiatives designed to build high quality capacity in high need areas and help families that live and work in these areas to locate high quality programs, the Lead Agency provides support to existing high quality providers through contracts to support sustainability and ongoing access for children with CCDF vouchers. Level 4 PTQ providers operating in identified areas of high need are eligible to participate in the CCDF Agreement Center program in which a certain number of CCDF slots are available to providers at all times. Additionally these agreements are available to support Level 4 Paths to QUALITY providers participating in the Head start and Early Head Start- Child Care Partnership grants in order to support extend hours to children from CCDF eligible families. This plan will make full working day and full calendar year services available to children enrolled in an Early Head Start-Child Care Partnership program and allow additional children access to comprehensive services. Additionally, the Lead Agency supports access to high quality programs through tiered CCDF child care subsidy payments. These tiered rates support quality improvement and sustainability for highly rated programs while also reducing the likelihood of CCDF family out-of-pocket costs by greatly reducing overage. As part of the PTQ evaluation, Purdue University researches family awareness of and experience with PTQ including a review of utilization of highly rated providers by families with CCDF vouchers. This is done to ensure access to high quality programs for low income families. CCDF vouchers are allocated in proportion to the local need. Families enrolled in the TANF Impact program and are participating in activities to gain employment or better employment are given the highest priority and expedited CCDF services. The Lead

Agency partners with organizations' such as Goodwill Industries to support programs and seek additional funding opportunities for low income families participating in programming such as Nurse Family Partnerships and job training.

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

Note: Any Lead Agency considering using an alternative methodology, instead of a MRS rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-PI-2016-08>). Advance approval is not required if the Lead Agency plans to implement both a MRS and an alternative methodology.

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

The Lead Agency completed the data collection for an updated MRS in December 2020. After a review and analysis of the data the Lead Agency determined that those rates were not an accurate reflection of rates across the state. To ensure accurate CCDF reimbursement rates, the Lead Agency would prefer to conduct another MRS data collection in September 2021. During this timeframe the Lead Agency will continue to increase all subsidy payments by 20%.

ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2. 03/01/2018

4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

Indiana is utilizing the same methodology for these surveys that has been used for the past several MRS. This methodology has been previously shared with the Early Learning Advisory Council.

b) Local child care program administrators:

Local child care administrators are contacted and asked to provide the rates that they charge for care in their environments. This information is collected and analyzed in order to complete the Lead Agency's market rate analysis.

c) Local child care resource and referral agencies:

The local child care resource and referral agencies support the rate collection from local child cares in their catchment areas. Their input regarding the process and anomalies

that are discovered assist OECOSL in completing the market rate analysis.

d) Organizations representing caregivers, teachers, and directors:

Local child care administrators are contacted and asked to provide the rates that they charge for care in their environments. This information is collected and analyzed in order to complete the Lead Agency's market rate analysis.

e) Other. Describe:

N/A

4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: [Click or tap here to enter text.](#)

At the direction of the Lead Agency, Early Learning Indiana (ELI), collects data on child care providers throughout the state including information on rates that providers charge to the public.

ii. Provide complete and current data:

ELI retains information about providers in the NACCRAware Data System (NDS) and contacts each active provider in the system at least once every six months to

verify that the data collected is accurate, and update the data as needed.

iii. Use rigorous data collection procedures:

ELI provides an extract of active providers in NDS with their rate information. The rates are for weekly, daily and hourly for the following age groups: 1. Infants 2. Toddlers 3. 3/4/5 Year Old's 4. Kindergarten 5. School Age Before/After 6. School Age Other. The extract is imported into the Lead Agency's Data Warehouse environment. The extract contains the unique ID for each provider that has provided rates. This enables the Lead Agency to determine which rates are from which provider to determine the overall response rate, which providers did not submit rates and conduct analysis on a variety of provider attributes including provider type, Quality Rating Information, county, as well as geographic region. After the data is imported to the Data Warehouse, it is validated that each record was imported and that each record is associated with a valid provider. ELI is notified of any record that is not matched with an existing provider.

iv. Reflect geographic variations:

Market rate survey results are by county. Each of the 92 counties in Indiana has their own unique Reimbursement Rates based on the Market Rate Survey for that county.

v. Analyze data in a manner that captures other relevant differences:

The analysis compares the imported rates to existing reimbursement rates and to the rates that provider submitted in the previous market rate survey. Rates that meet the criteria below are sent back to ELI for validation:

- Rate is 15% higher than market rate
- Rate is 15% below rate submitted last time by provider
- Rate is 15% higher than rate submitted last time by provider.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes.

If yes, why do you think the data represents the child care market?

NA

4.2.4 Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:

a) Geographic area (e.g., statewide or local markets). Describe:

Market rate survey results are by county. Each of the 92 counties in Indiana has their own unique Reimbursement Rates based on the Market Rate Survey for that county.

b) Type of provider. Describe:

The Market Rate Survey is also broken out by provider type for each county.

c) Age of child. Describe:

The Market Rate Survey is also broken out by age group.

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level.

PTQ rating level variations are considered for tiered reimbursement.

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

The Lead Agency has completed a Narrow Cost Analysis, but the provider response rate was low and did not factor in pandemic related expenses. However, in response to the pandemic and related stimulus packages, the Lead Agency has implemented a bi-weekly survey of all CCDF-eligible providers. This survey requests enrollment data and should allow the Lead Agency to analyze more robust

information regarding enrollment and capacity. In addition, the Lead Agency will be distributing payments from the ARP stabilization fund and will be able to collect additional cost information to supplement the existing narrow cost analysis and allow for study completion with more accurate results.

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

Data for the analysis is collected using electronic provider surveys.

The provider survey was divided into six sections:

1. Operating Schedule. The first section asked the provider about their operating hours, enrollment by age group and daily attendance patterns and classroom counts by child age and time of day.
2. Operating Budget. The second section asked about the provider's annual expenses. The purpose of this section is twofold: to gather data on indirect costs such as rent or utilities, and to allow the external researchers to check the accuracy of model estimates (by child age) by comparing them against the provider's total reported costs.
3. Classroom Breakdown. The third section asked for classroom square footage and staffing levels (the number of lead teachers and assistant teachers in each classroom) by time of day.
4. Caregiver and Non-Caregiver Compensation. The fourth section asked about hourly wages for classroom and non-classroom staff; for lead teachers, assistant teachers and directors, it also asked for wages to be broken out by their level of education.
5. Other Operations. The fifth section asked for remaining personnel cost drivers, including employee benefits and training hours, as well as non-personnel cost drivers such as the number of children by age group who receive meals and snacks, transportation to/from home and to/from school and classroom assessments.
6. Classroom and Non-Classroom Equipment and Furnishings. The final section asked for an inventory of the provider's durable equipment, including classroom furnishings and materials, office equipment, kitchen and laundry equipment and

playground equipment.

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

Data for the analysis is collected using electronic provider surveys.

The provider survey was divided into six sections:

1. Operating Schedule. The first section asked the provider about their operating hours, enrollment by age group and daily attendance patterns and classroom counts by child age and time of day.
2. Operating Budget. The second section asked about the provider's annual expenses. The purpose of this section is twofold: to gather data on indirect costs such as rent or utilities, and to allow the external researchers to check the accuracy of model estimates (by child age) by comparing them against the provider's total reported costs.
3. Classroom Breakdown. The third section asked for classroom square footage and staffing levels (the number of lead teachers and assistant teachers in each classroom) by time of day.
4. Caregiver and Non-Caregiver Compensation. The fourth section asked about hourly wages for classroom and non-classroom staff; for lead teachers, assistant teachers and directors, it also asked for wages to be broken out by their level of education.
5. Other Operations. The fifth section asked for remaining personnel cost drivers, including employee benefits and training hours, as well as non-personnel cost drivers such as the number of children by age group who receive meals and snacks, transportation to/from home and to/from school and classroom assessments.
6. Classroom and Non-Classroom Equipment and Furnishings. The final section asked for an inventory of the provider's durable equipment, including classroom furnishings and materials, office equipment, kitchen and laundry equipment and playground equipment.

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

The analysis is designed to:

1. Demonstrate fidelity by accurately predicting a provider's total cost based on the "bottom-up" estimates it derives for the average weekly cost per child by age group
2. Allow users to "peel back the onion" on the average weekly cost per child and understand the relative contribution of different cost categories by age group
3. Be activity-based, so that users can isolate and identify the root causes of differences (or the lack thereof) between providers based on their operating decisions
4. Enable users to enter actual provider cost data based on a non-uniform set of activities, analyze the results and build composite models under a prescribed set of uniform conditions (thus building prescriptive models). In this last regard, the model can prove particularly useful in the development of new CCDF and tiered reimbursement rate structures.

4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

- a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. 10/1/2021
- b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

NA

- c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

NA

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure

that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate: 236.00

Full-time weekly base payment rate: 236.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 22.97

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:209.00

Full-time weekly base payment rate: 209.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 21.51

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:176.00

Full-time weekly base payment rate: 176.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 27.19

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:166.00

Full-time weekly base payment rate: 166.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 39.13

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:130.00

Full-time weekly base payment rate: 130.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 39.94

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:125.00

Full-time weekly base payment rate: 125.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 44.76

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:100.00

Full-time weekly base payment rate: 100.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 37.80

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:100.00

Full-time weekly base payment rate: 100.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 68.45

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

NA

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Full-Time Weekly is defined as child care provided for 25 hours or more per week. Sunday through Saturday, for non-school age children or school-age children when school is not in session or when care is required during non-traditional hours. For school-age children, when school is in session, full-time weekly is defined as ten (10) hours or more per week Sunday through Saturday. Part time rates is defined as hourly or daily for child care provided for less than 25 hours a week for non school age children or school age children when school is not in session. For school-age children, when school is in session, part time is defined as less than ten (10) hours per week Sunday through Saturday. Hourly is defined as less than 4 hours per day. Daily is defined as 4 hours or more per day.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). 10/1/2018

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

Marion County

f. Provide the citation, or link, if available, to the payment rates

<https://www.in.gov/fssa/carefinder/provider-reimbursements/>

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

NA

h) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

a. Geographic area.

Describe:

Payment rates are based on local market rates surveys for each county. The Market rate survey collects rates based on provider type, age of child and PTQ Level. There are payment rates set for all 92 counties in Indiana.

b. Type of provider.

Describe:

Payment rates are based on local market rates surveys for each county. The Market rate survey collects rates based on provider type, age of child and PTQ Level. Indiana has payment rates based on provider type.

c. Age of child.

Describe:

Payment rates are based on local market rates surveys for each county. The Market rate survey collects rates based on provider type, age of child and PTQ Level. Indiana has payment rates based on provider type.

d. Quality level.

Describe:

Payment rates are based on local market rates surveys for each county. The Market rate survey collects rates based on provider type, age of child and PTQ Level. Indiana has payment rates based on provider type.

e. Other.

Describe:

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a 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). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

No.

Yes. If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.

a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

b. Differential rate for non-traditional hours.

Describe:

c. Differential rate for children with special needs, as defined by the state/territory.

Describe:

Reimbursement to child care providers caring for children with special needs may exceed the market rate by 10%. This determination is made by the Automated Intake System (AIS) based upon the provider's charges as recorded by the Eligibility Specialist.

d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.

Describe:

e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.

Describe:

f. Differential rate for higher quality, as defined by the state/territory.

Describe:

The percentiles for licensed providers enrolled in the Paths to QUALITY program increases as Level increases, though more so for Centers than Homes. Centers at Levels 3 and 4 are at the 88th and 84th percentiles respectively, while homes that attained these same ratings are at the 72nd and 65th. Similar to the licensed providers, the percentiles for Ministries enrolled in the Paths to QUALITY program dramatically increases as the Level increase. Those at the highest Levels (3 and 4) are at the 89th and 93rd percentiles respectively.

g. Other differential rates or tiered rates.

Describe:

Reimbursement rate for child care providers participating in On My Way Pre-K are 10% above the CCDF rate of the same provider type.

4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Over 67% of children in CCDF are enrolled at programs with PTQ Levels 2 or higher. OECOSL provides higher levels of support for programs who choose to provide high quality services and join the PTQ quality rating and improvement system. Lastly, families have reduced out-of-pocket costs when enrolling their children in highly rated programs by tiering reimbursement rates to reduce overage charges. The Lead Agency utilizes administrative data to monitor provider participation and the quality rating levels of selected programs.

b) Describe how payment rates are adequate and have been established based on the **most recent MRS or alternative methodology** . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, **Lead Agencies must raise their rates as a result**.

The Lead Agency is currently increasing all subsidy payments by 20%. This increase will continue until the Lead Agency sets new market rates or pandemic related cost increases subside.

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

The Lead Agency uses a tiered reimbursement rate to differentiate the various levels of quality.

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

94% of licensed child care centers and child care homes participate in the CCDF program.

Neither families nor providers have indicated through surveys or the review of the state plan that this policy prevents them from supporting children. Additionally, the Lead Agency is currently increasing all subsidy payments by 20%. This increase will continue until the Lead Agency sets new market rates or pandemic related cost increases subside.

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could

impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

NA

ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

Payments are made bi-weekly through direct deposit into the provider's bank account within 18 days of the end of the pay period. The Lead Agency contracts with Conduent to make payments every 2 weeks based on electronically recorded attendance.

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

NA

ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

NA

iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

NA

iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

Provider payments are delinked from a child's occasional absence through Indiana's business rule for the number of hours of attendance required for full time payment.

Providers are paid a full time rate for any non-school age child who attend at least 25 hours per week. Providers are paid a full time rate for school age children who attend at least 10 hours a week during the school year). Provider payments are delinked to occasional absences through the use of paid personal days, paid holidays and paid inclement weather days. Families receive 20 absence days and providers receive 6 paid holidays and up to six inclement weather days as needed.

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Full-Time Weekly is defined as child care provided for 25 hours or more per week. Sunday through Saturday, for non-school age children or school-age children when school is not in session or when care is required during non-traditional hours. For school-age children, when school is in session, full-time weekly is defined as ten (10) hours or more per week Sunday through Saturday. Part time rates is defined as hourly or daily for child care provided for less than 25 hours a week for non school age children or school age children when school is not in session. For school-age children, when school is in session, part time is defined as less than ten (10) hours per week Sunday through Saturday. Hourly is defined as less than 4 hours per day. Daily is

defined as 4 hours or more per day. Families receive 20 absence days and providers receive 6 paid holidays and up to six inclement weather days as needed.

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

NA

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

The Lead Agency contracts with Conduent to make payments every 2 weeks based on electronically recorded attendance. Payment is made within 18 days of the end of the pay period. The Lead Agency tracks payments made by Conduent through reports generated out of the Electronic Payment Processing and Information Control (EPICC), our electronic time and attendance system. Billing is automated through the electronic time and attendance system and providers are paid bi-weekly through direct deposit. All CCDF eligible providers receive a CCDF Provider Manual which has information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process.

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.

Describe:

Providers are notified of changes in a CCDF family's eligibility status including a denial of services, a potential termination or services at least ten (10) calendar days before an action is taken. Providers are notified of changes in a CCDF family's eligibility status including a denial of services or a potential termination of services at least ten (10) calendar days before an action is taken.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

If a provider feels they have been paid incorrectly the provider can log into a provider website and enter late attendance for time that was not recorded appropriately by the parent. The parent can then log into a parent website or utilizes IVR through their phone and approve the late attendance/ discrepancy. The provider will be paid for any approved discrepancies on their next payment. The Lead Agency also has the ability to enter and/or approve any late attendance for payment. A provider can also appeal to the Lead Agency if they still feel they have been paid incorrectly.

g. Other. Describe:

NA

4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

- No, the practices do not vary across areas.
- Yes, the practices vary across areas.

Describe:

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

94% of licensed child care centers and child care homes participate in the CCDF program. Neither families nor providers have indicated through surveys or the review of the state plan that this policy prevents them from supporting children.

Authorized CCDF providers by type:

Licensed Centers: 651;

Licensed Homes: 2,161;

Registered Ministries: 392;

Exempt Centers: 436;

Exempt Homes: 96

Percent of providers participating in CCDF:

Licensed Centers: 87.3 %;

Licensed Homes: 95.9 %;

Registered Ministries: 57.2 %

Based on the percentages above, barriers are at a minimum, as there is a large percentage of licensed homes and licensed centers that participate in the CCDF program. For registered ministries, the lower percentage of participation exemplifies a lower rate of participation due to additional requirements that must be met by the program.

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

- a. Limit the maximum co-payment per family.

Describe: .

- b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

The maximum monthly co-payment for a family at the highest income level before a family is no longer eligible is seven percent (7%).

c. Minimize 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 3.2.5.

d. Other.

Describe:

f) To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

No

Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

When the CCDF eligible child care provider's charges are greater than the CCDF Reimbursement Rate, the maximum subsidy will not exceed the established CCDF Reimbursement Rate determined by the CCDF Eligible Provider's category and the age of the eligible child. In these situations, the Applicant and Co-Applicant must assume responsibility for the additional cost of care also called an "overage". A CCDF Eligible Provider may be willing to accept a lower rate of reimbursement. This would be an agreement between the CCDF eligible provider and the Applicant or Co-Applicant.

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

Approximately 48% of the entire population of children currently receiving direct CCDF services have at least one active voucher with a positive overage amount.

The average overage amount per child for that 48% is currently \$30.09.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

The Lead Agency estimates that, for all active, non-OMW children, there are approximately ~\$256.2 M in subsidy obligations and ~\$24.9 M in calculated overages across each active child's current subsidy period. After calculating how many weeks' worth of obligations were applied to each child, the Lead Agency determined the average weekly subsidy to be \$150.81 for all these kids. Finally, after dividing the ~\$24.9 M in overages by 53 weeks' worth of this average amount, The Lead Agency determined that the currently active child count would need to drop by roughly 3,115 kids to eliminate overages altogether, which would reduce the overall population that could be supported with CCDF subsidy as a result (by roughly 10%).

In an effort to minimize the number and amount of overages, all CCDF subsidy payments have been increased by 20% to reflect increased pandemic-related costs. These increased payments will remain in effect until new rates are established.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F);

98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.

a. Center-based child care.

i. Identify the providers subject to licensing:

Child Care Centers are nonresidential buildings where at least one (1) child receives child care from a provider: (1) while unattended by a parent, legal guardian, or custodian; (2) for regular compensation; and (3) for more than four (4) hours but less than twenty-four (24) hours in each of ten (10) consecutive days per year, excluding intervening Saturdays, Sundays, and holidays. Programs that meet this definition are subject to licensing.

ii. Describe the licensing requirements:

Licensed centers in Indiana are facilities/businesses providing child care services for children. Licensed centers must follow established health, safety, and other requirements, including the following.

- Comprehensive federal background checks required on all staff/volunteers
- Total number of children in a group is limited
- Ratio of adults supervising children is required
- First Aid CPR training is required of all staff members
- Caregivers/Directors must meet formal educational requirements
- Caregivers must meet training requirements including Safe Sleep if caring for children under twelve (12) months in age
- Drug tests administered for any person employed or volunteering
- Demonstrate compliance with food, health, safety and sanitation standards
- Annual onsite inspections by OECOSL licensing and state fire marshal

iii. Provide the citation:

IC 12-7-2-28.4 Child care center Sec. 28.4. "Child care center", for purposes of IC 12-17.2, means a nonresidential building where at least one (1) child receives child care from a provider: (1) while unattended by a parent, legal guardian, or custodian; (2) for regular compensation; and (3) for more than four (4) hours but less than twenty-four

(24) hours in each of ten (10) consecutive days per year, excluding intervening Saturdays, Sundays, and holidays. As added by P.L.20-1992, SEC.8; P.L.81-1992, SEC.8. Amended by P.L.1-1993, SEC.72; P.L.136-1993, SEC.1; P.L.1-1994, SEC.48; P.L.247-2001, SEC.4

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

Providers subject to licensing are those in a residential structure in which at least six (6) children (not including the children for whom the provider is a parent, stepparent, guardian, custodian, or other relative or any child who is at least fourteen (14) years of age and does not require child care) is providing care to a child (1) while unattended by a parent, legal guardian, or custodian; (2) for regular compensation; and 3) for more than four (4) hours but less than twenty-four (24) hours in each of ten (10) consecutive days per year, excluding intervening Saturdays, Sundays, and holidays.

ii. Describe the licensing requirements:

Licensed family child care homes in Indiana are businesses providing child care services for children. Licensed child care homes must follow established health, safety, and other requirements, including the following.

- Comprehensive federal background checks required on all staff/volunteers
- Total number of children in a group is limited
- Ratio of adults supervising children is required
- First Aid CPR training is required of all staff members
- Caregivers/Licensees must meet formal educational requirements
- Caregivers must meet training requirements including Safe Sleep if caring for children under twelve (12) months in age
- Drug tests administered for any person employed or volunteering
- Demonstrate compliance with food, health, safety and sanitation standards
- Annual onsite inspections by OECOSL licensing and consultation with the state fire marshal

iii. Provide the citation:

IC 12-7-2-28.6 Child care home Sec. 28.6. (a) "Child care home", for purposes of IC 12-17.2, means a residential structure in which at least six (6) children (not including the children for whom the provider is a parent, stepparent, guardian, custodian, or other relative or any child who is at least fourteen (14) years of age and does not require child care) at any time receive child care from a provider: (1) while unattended

by a parent, legal guardian, or custodian; (2) for regular compensation; and 3) for more than four (4) hours but less than twenty-four (24) hours in each of ten (10) consecutive days per year, excluding intervening Saturdays, Sundays, and holidays. (b) The term includes: (1) a class I child care home; and (2) a class II child care home. As added by P.L.20-1992, SEC.9 and P.L.81-1992, SEC.9. Amended by P.L.1-1993, SEC.73; P.L.136-1993, SEC.2; P.L.124-2007, SEC.1.

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements.

Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

A CCDF eligible center-based child care provider in Indiana is a provider who operates the following.

(1) A program for children enrolled in grades kindergarten through 12 that is operated by the department of education or a public or private school.

(2) A program for children who become at least three (3) years of age as of December

1 of a particular school year (as defined in IC 20-18-2-17) that is operated by the department of education or a public or private school.

(3) A nonresidential program for a child that provides child care for less than four (4) hours a day.

(4) A recreation program for children that operates for not more than ninety (90) days in a calendar year.

(5) A child care program operated by a public or private secondary school that:

(A) provides day care on the school premises for children of a student or an employee of the school;

(B) complies with health, safety, and sanitation standards as determined by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter; and

(C) substantially complies with the fire and life safety rules as determined by the state fire marshal under rules adopted by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter.

(6) A school age child care program (commonly referred to as a latch key program) established under IC 20-26-5-2 that is operated by:

(A) the department of education;

(B) a public or private school; or

(C) a public or private organization under a written contract with:

(i) the department of education; or

(ii) a public or private school. As added by P.L.1-1993, SEC.141. Amended by P.L.61-1993, SEC.8; P.L.136-1993, SEC.6; P.L.2-1995, SEC.50; P.L.50-2001, SEC.1; P.L.1-2005, SEC.136.

Beginning July 1, 2021 two additional exemptions are added. Those exemptions include:

1. A child care program operated by a public or private organization that is under contract with a public or private school, who serves children that are enrolled in the public or private school in grades kindergarten through 12 or a preschool program offered by the public or private school. The program serves children who are attending a school through remote or e-learning due to a disaster emergency declared under IC 10-14-3-12 or IC 10-14-3-29 or participating in a

learning recovery program that administers an assessment to measure student learning loss and provides Indiana academic standards aligned instruction.

2. An educational program consisting of a group of not more than ten (10) students who attend the educational program in lieu of attending pre-kindergarten or kindergarten through grade 12 at a public or private school. Students meet in a single classroom in person or outside a classroom and which may include mixed age level grouping and is under the supervision of a teacher or tutor.

ii. Provide the citation to this policy:

IC 12-17.2-2-8 which can be found at

<https://www.in.gov/fssa/carefinder/files/Exemptions.pdf>

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

These exemptions do not endanger the safety or health of children receiving CCDF providers because, while these provider types are exempt from licensure, if they care for children receiving CCDF subsidies they must also follow the requirements under IC 12-17.2-3.5 and are subject to at least annual compliance visits to verify adherence to health and safety rules. The standards included under IC 12-17.2-3.5 include the key health and safety requirements as required by the 2014 CCDBG Reauthorization to protect the wellbeing of children in care including but not limited to:

1. Staff to child ratios and group size,

1. Active supervision,

1. Comprehensive criminal history checks,

1. Minimum age and education requirements of care givers, On-going annual training requirements,

Required orientation including trainings such as CPR, First Aid, Safe Sleep, Child Abuse Detection and Prevention,

1. A safe environment that does not jeopardize the well-being of children,

1. Daily activities appropriate to the developmental needs of children, and

1. Nutritious, adequately timed meals and snacks.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

CCDF eligible family child care programs who are exempt from licensure are;

A child care home if the provider that:

1. does not receive regular compensation;
2. cares only for children who are related to the provider;
3. cares for less than six (6) children, not including children for whom the provider is a parent, stepparent, guardian, custodian, or other relative; or
4. operates to serve migrant children.

Beginning July 1, 2021 an additional exemption has been added. The additional exemption is as follows:

An educational program consisting of a group of not more than ten (10) students who attend the educational program in lieu of attending pre-kindergarten or kindergarten through grade 12 at a public or private school. Students meet in a single classroom in person or outside a classroom and which may include mixed age level grouping and is under the supervision of a teacher or tutor.

ii. Provide the citation to this policy:

IC 12-17.2-2-8 which can be found at

<https://www.in.gov/fssa/carefinder/files/Exemptions.pdf>

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

These exemptions do not endanger the safety or health of children receiving CCDF providers because, while these provider types are exempt from licensure, if they care for children receiving CCDF subsidies they must also follow the requirements under IC 12-17.2-3.5 and are subject to at least annual compliance visits to verify adherence to health and safety rules. The standards included under IC 12-17.2-3.5 include the key health and safety requirements as required by the 2014 CCDBG Reauthorization to protect the wellbeing of children in care including but not limited to:

1. Staff to child ratios and group size,
1. Active supervision,
1. Comprehensive criminal history checks,
1. Minimum age and education requirements of care givers, On-going annual training requirements,
Required orientation including trainings such as CPR, First Aid, Safe Sleep, Child Abuse Detection and Prevention,
1. A safe environment that does not jeopardize the well-being of children,
1. Daily activities appropriate to the developmental needs of children, and
1. Nutritious, adequately timed meals and snacks.

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

CCDF eligible in-home child care providers who are exempt from licensing requirements are those that provide child care services by an individual who is over the age of eighteen (18) comes into the child's home to provide care, does not reside at the Childs address and is not the child's parent, step-parent or guardians or in loco parentis.

ii. Provide the citation to this policy:

IC 12-17.2-In-home care is defined as child care services provided by an individual over eighteen (18) years of age who comes into the child's own home and does not reside at the child's address and is not the child's parent, step-parent, guardian or in loco parentis.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

These exemptions do not endanger the safety or health of children receiving CCDF providers because, while these provider types are exempt from licensure, if they care for children receiving CCDF subsidies they must also follow the requirements under IC12-17.2-3.5 and are subject to at least annual compliance visits to verify adherence to health and safety rules. The standards included under IC 12-17.2-3.5 include the key health and safety requirements as required by the 2014 CCDBG Reauthorization to protect the wellbeing of children in care including but not limited to:

1. Staff to child ratios and group size,
1. Active supervision,
1. Comprehensive criminal history checks,
1. Minimum age and education requirements of care givers, On-going annual training requirements,
Required orientation including trainings such as CPR, First Aid, Safe Sleep, Child Abuse Detection and Prevention,
1. A safe environment that does not jeopardize the well-being of children,
1. Daily activities appropriate to the developmental needs of children, and
1. Nutritious, adequately timed meals and snacks.

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:

An infant is a child who is at least six (6) weeks of age until the child is able to walk consistently unassisted.

b. Toddler. Describe:

A child who is less than thirty (30) months of age and is able to walk consistently unassisted.

c. Preschool. Describe:

Children at least three (3) years of age and not yet attending first grade.

d. School-Age. Describe:

Children attending first grade or above.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

4 Children to 1 Adult

B. Group size:

8 Children

ii. Toddler

A. Ratio:

5 Children to 1 Adult

B. Group size:

10 Children

iii. Preschool

A. Ratio:

30 to 36 Month Old Children: 7 children to 1 Adult

Two (2) Year Old Children: 5 Children to 1 Adult

Three (3) Year Old Children: 10 Children to 1 Adult

Four (4) Year Old Children: 12 Children to 1 Adult

Five (5) Year Old Children and older: 15 Children to 1 Adult

B. Group size:

30 to 36 Month Old Children: 14

Two (2) Year Old Children: 10

Three (3) Year Old Children: 20

Four (4) Year Old Children: 24

Five (5) Year Old Children and older: 30

iv. School-age

A. Ratio:

Fifteen (15) Children to 1 Adult

B. Group size:

30 Children

v. Mixed-Age Groups (if applicable)

A. Ratio:

When there is a combination of ages within a group of children, caregivers shall determine the ratio required by the age of the youngest child in the group

B. Group size:

When there is a combination of ages within a group of children, caregivers shall determine the group size required by the age of the youngest child in the group. Caregiver qualifications will be determined based on the youngest child in the group.

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

Cannot care for more than five (5) unrelated children.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

b. Licensed CCDF family child care home providers:

i. Mixed Groups

A. Ratio:

Infant/Toddler Mixed (Birth-24 months) 6:1*; *Two (2) of the six (6) children must be at least sixteen (16) months of age and walking. Otherwise the ratio is 4:1;.Mixed AgeGroups (Birth-6 years) 10:1*; *No more than three (3) of the ten (10) children may be under sixteen (16) months of age and must be walking; three (3) years and older(3-10years) 12:1.

B. Group size:

Group size is limited by the capacity limits on licensed homes. The maximum number for Class I home is 12 children plus 3 additional school-agers. The maximum number for a Class II is 16 children. A provider's related children under age seven (7) are count in the maximum capacity, ratios and group sizes of the home.

ii. Infant

A. Ratio:

Infant/Toddler Mixed (Birth-24 months) 6:1*; *Two (2) of the six (6) children must be at least sixteen (16) months of age and walking. Otherwise the ratio is 4:1;.Mixed Age Groups (Birth-6 years) 10:1*; *No more than three (3) of the ten (10) children may be under sixteen (16) months of age and must be walking; three (3) years and older(3-10years) 12:1.

B. Group size:

Group size is limited by the capacity limits on licensed homes. The maximum number for Class I home is 12 children plus 3 additional school-agers. The maximum number for a Class II is16 children. A provider's related children under age seven (7) are count in the maximum capacity, ratios and group sizes of the home.

iii. Toddler

A. Ratio:

Infant/Toddler Mixed (Birth-24 months) 6:1*; *Two (2) of the six (6) children must be at least sixteen (16) months of age and walking. Otherwise the ratio is 4:1;.Mixed Age Groups (Birth-6 years) 10:1*; *No more than three (3) of the ten (10) children may be under sixteen (16) months of age and must be walking; three (3) years and older(3-10years) 12:1.

B. Group size:

Group size is limited by the capacity limits on licensed homes. The maximum number for Class I home is 12 children plus 3 additional school-agers. The maximum number for a Class II is16 children. A provider's related children under age seven (7) are count in the maximum capacity, ratios and group sizes of the home.

iv. Preschool

A. Ratio:

Infant/Toddler Mixed (Birth-24 months) 6:1*; *Two (2) of the six (6) children must be at least sixteen (16) months of age and walking. Otherwise the ratio is 4:1;.Mixed Age Groups (Birth-6 years) 10:1*; *No more than three (3) of the ten (10) children may be under sixteen (16) months of age and must be walking; three (3) years and older(3-10years) 12:1.

B. Group size:

Group size is limited by the capacity limits on licensed homes. The maximum number for Class I home is 12 children plus 3 additional school-agers. The maximum number for a Class II is16 children. A provider's related children under age seven (7) are count in the maximum capacity, ratios and group sizes of the home.

v. School-age

A. Ratio:

Infant/Toddler Mixed (Birth-24 months) 6:1*; *Two (2) of the six (6) children must be at least sixteen (16) months of age and walking. Otherwise the ratio is 4:1;.Mixed Age Groups (Birth-6 years) 10:1*; *No more than three (3) of the ten (10) children may be under sixteen (16) months of age and must be walking; three (3) years and older(3-10years) 12:1.

B. Group size:

Group size is limited by the capacity limits on licensed homes. The maximum number for Class I home is 12 children plus 3 additional school-agers. The maximum number for a Class II is16 children. A provider's related children under age seven (7) are count in the maximum capacity, ratios and group sizes of the home.

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

License-exempt family child care home providers cannot care for more than five (5) unrelated children.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

c. Licensed in-home care (care in the child's own home):

i. Mixed Groups (if applicable)

A. Ratio:

Infant/Toddler Mixed (Birth-24 months) 6:1*; *Two (2) of the six (6) children must be atleast sixteen (16) months of age and walking. Otherwise the ratio is 4:1;.Mixed Age Groups (Birth-6 years) 10:1*; *No more than three (3) of the ten (10) children may be under sixteen (16) months of age and must be walking; three (3) years and older (3-10years) 12:1.

B. Group size:

Group size is limited by the capacity limits on licensed homes . Description of when licensing is required: IC 12-7-2-28.6 Child care home (a) "Child care home", for purposes of IC 12-17.2,means a residential structure in which at least six (6) children (not includingthe children for whom the provider is a parent, stepparent, guardian, custodian, or other relative or any child who is at least fourteen (14) years of age and does not require child care) at any time receive child care from a provider: (1) while unattended by a parent, legal guardian, or custodian; (2) for regular compensation; and (3) for more than four (4) hours but less than twenty-four (24) hours in each of ten (10) consecutive days per year, excluding intervening Saturdays, Sundays, and holidays. (b) The term includes: (1) a class I child care home; and (2) a class II child care home. Maximum number for Class I is 12 children plus 3 additional school-agers; Class II is16 children. A provider's related children under age seven (7) count in the maximum capacity, ratios and group sizes of the home. For a Class I child care home, three (3) additional school-age children are allowed in the home. A legally license exempt home can care for no more than five (5) unrelated children at one time. Any licensed exempt child care home that takes CCDF vouchers must mee the same ratios and group sizes as a licensed child care home.

ii. Infant (if applicable)

A. Ratio:

Infant/Toddler Mixed (Birth-24 months) 6:1*; *Two (2) of the six (6) children must be at least sixteen (16) months of age and walking. Otherwise the ratio is 4:1; Mixed Age Groups (Birth-6 years) 10:1*; *No more than three (3) of the ten (10) children may be under sixteen (16) months of age and must be walking; three (3) years and older (3-10years) 12:1.

B. Group size:

In-home care is available for families in which three or more related children require child care. The children all must be members of the same family and related to each other by blood or law. Exceptions may be made for the following situations:

- Foster children residing in the same foster home
- Children who are medically fragile and need care in their own home (with proper documentation). The parent must obtain approval from the CCDF Policy Consultant for these exceptions.

iii. Toddler (if applicable)

A. Ratio:

Infant/Toddler Mixed (Birth-24 months) 6:1*; *Two (2) of the six (6) children must be at least sixteen (16) months of age and walking. Otherwise the ratio is 4:1; Mixed Age Groups (Birth-6 years) 10:1*; *No more than three (3) of the ten (10) children may be under sixteen (16) months of age and must be walking; three (3) years and older(3-10years) 12:1.

B. Group size:

In-home care is available for families in which three or more related children require child care. The children all must be members of the same family and related to each other by blood or law. Exceptions may be made for the following situations:

- Foster children residing in the same foster home
- Children who are medically fragile and need care in their own home (with proper documentation). The parent must obtain approval from the CCDF Policy Consultant for these exceptions.

iv. Preschool (if applicable)

A. Ratio:

Infant/Toddler Mixed (Birth-24 months) 6:1*; *Two (2) of the six (6) children must be at least sixteen (16) months of age and walking. Otherwise the ratio is 4:1;.Mixed Age Groups (Birth-6 years) 10:1*; *No more than three (3) of the ten (10) children may be under sixteen (16) months of age and must be walking; three (3) years and older(3-10years) 12:1.

B. Group size:

In-home care is available for families in which three or more related children require child care. The children all must be members of the same family and related to each other by blood or law. Exceptions may be made for the following situations:

- Foster children residing in the same foster home
- Children who are medically fragile and need care in their own home (with proper documentation). The parent must obtain approval from the CCDF Policy Consultant for these exceptions.

v. School-age (if applicable)

A. Ratio:

Infant/Toddler Mixed (Birth-24 months) 6:1*; *Two (2) of the six (6) children must be at least sixteen (16) months of age and walking. Otherwise the ratio is 4:1;.Mixed Age Groups (Birth-6 years) 10:1*; *No more than three (3) of the ten (10) children may be under sixteen (16) months of age and must be walking; three (3) years and older(3-10years) 12:1.

B. Group size:

In-home care is available for families in which three or more related children require child care. The children all must be members of the same family and related to each other by blood or law. Exceptions may be made for the following situations:

- Foster children residing in the same foster home
- Children who are medically fragile and need care in their own home (with proper documentation). The parent must obtain approval from the CCDF Policy Consultant for these exceptions.

vi. Describe the ratio and group size requirements for license-exempt in-home care.
Caring for more than 5 unrelated children is the maximum number of children allowed.

5.2.3 Provide the teacher/caregiver qualifications for each category of care.

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

Lead caregiver qualifications: twenty-one (21) years of age - Child Development

Associate (CDA) Assistant teacher qualifications: Eighteen (18) years if not left alone - High school/GED.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

A Director must be twenty-one (21) years of age, have a two (2) year associate degree in early childhood education from an accredited college or university, with a grade of C or better and a minimum of three (3) years of experience in an early childhood program.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

Provider has to be at least 18 years of age and follow the provider eligibility standards.

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

<https://www.in.gov/fssa/carefinder/files/IC-12-17.2-4-Regulation-of-Child-Care-Centers.pdf>

470 IAC 3-4.7-21 Director qualifications pg. 12

470 IAC 3-4.7-24 Caregiver qualifications pg. 13

b. Licensed Family Child Care

- i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

The licensee is required to have a high school diploma or GED and documentation that the licensee has completed, enrolled in, or agrees to complete, within the next three (3) years, a child development associate (CDA) credential program or a similar program approved by the Lead Agency. There are no educational requirements for other staff.

- ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

Legally License Exempt providers that follow Provider Eligibility Standards must be 18-years old but do not have any provider qualifications.

- iii. If applicable, provide the website link detailing the family child care home provider qualifications:

<https://www.in.gov/fssa/carefinder/files/IC-12-17.2-5-Regulation-of-Child-Care-Homes.pdf>

Page 6, IC 12-17.2-5-6.3 Class I child care home

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

- i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

Legally License Exempt providers that follow Provider Eligibility Standards must be 18-years old but do not have any provider qualifications.

- ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

Legally License Exempt providers that follow Provider Eligibility Standards must be 18-years old but do not have any provider qualifications.

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(l)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(l)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 -

5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

A provider shall comply with the immunization requirements set forth in IC 12-17.2-3.5-11.1 which states, a provider shall maintain and annually update documentation provided by the physician of each child who is cared for in a facility where the provider operates a child care program that the child has received complete age appropriate immunizations, including: conjugated pneumococcal vaccine; and varicella vaccine or a demonstrated immunity to varicella. The state department of health shall determine for each age level the immunizations that constitute complete age appropriate immunizations. A provider meets the requirement of subsection if: a child's parent: objects to immunizations for religious reasons; and provides documentation of the parent's objection; the child's physician provides documentation of a medical reason the child should not be immunized; or the child's physician provides documentation that the child is currently in the process of receiving complete age appropriate immunizations; and the provider maintains and annually updates the documentation provided by the parent or physician under this subsection.

The child care program has written personnel policies shall address the following health hazards for child care:

- (1) Infectious disease, including, but not limited to, the following:
 - (A) Hepatitis A.
 - (B) Cytomegalovirus (CMV).
 - (C) Chicken pox.
 - (D) Rubella.
 - (E) Measles.
 - (F) Pertussis (whooping cough).
 - (G) Fifth disease.

- (H) Influenza.
- (I) Tuberculosis.
- (J) Shigellosis.
- (K) Giardiasis.
- (L) Meningococcal disease.
- (M) Group A streptococcus.
- (N) Ringworm.
- (O) Scabies.
- (P) Lice.
- (Q) Herpes.
- (R) Cryptosporidiosis.
- (S) Diarrhea caused by escherichia coli (E. coli).
- (T) Rotavirus.
- (U) Campylobacterium.
- (V) Salmonella.
- (W) Diarrhea and vomiting.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no differences in requirements by category of care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed homes - IC 12-17.2-5-18.1, Licensed Centers IC 12-17.2-4-18.1, Exempt Providers - IC 12-17.2-3.5-11.1

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

470 IAC 3-4.7-35 In-service staff training

470 IAC 3-1.1-33.5 Staff orientation, training, and development

IC 12-17.2-3.5-8 Caregiver requirements; education; documentation

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no differences in requirements they do not vary by category of care

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Website, licensing consultants, emails, text messages, leveraging partners working with providers such as Early Learning Indiana and Spark Learning Lab.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

A provider shall comply with the following standards set forth in the Caring for Our Children, National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, third edition, published by the American Academy of Pediatrics, American Public Health Association, and National Resource Center for

Health and Safety in Child Care and Early Education: Safe Sleep Practices and Sudden Unexpected Infant Death (SUID)/SIDS Risk Reduction Standard 3.1.4.1. Providers shall require that all caregivers supervising children who are less than twelve (12) months of age follow safe sleep practices provided in the training approved by the division under IC 12-17.2-2-1(10) and in compliance with section of this rule.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Required for children less than 12 months of age.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Licensed Homes - 470 IAC 3-1.1-45(a), 470 IAC 3-1.2-5, IC 12-17.2-5-6.3(a)(3) and IC 12-17.2-5-3.5(b)(1)(A)(i) Licensed Centers -470 IAC 3-4.7-141 Exempt Providers - IC 12-17.2-3.5-5.5

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed Homes - 470 IAC 3-1.1-45(a), 470 IAC 3-1.2-5, IC 12-17.2-5-6.3(a)(3) and IC 12-17.2-5-3.5(b)(1)(A)(i) Licensed Centers -470 IAC 3-4.7-141 Exempt Providers - IC 12-17.2-3.5-5.5

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Required for children less than 12 months of age.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or

during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Website, licensing consultants, emails, text messages, leveraging partners working with providers such as Early Learning Indiana and Spark Learning Lab.

5.3.3 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The provider shall: have written orders for each medication given at the child care facility; require the parent or guardian to submit permission forms for administering medication; keep all medication permission forms on file for each child to whom any medication is given; administer the specified medication as directed on the label of the medication; keep all medication in the original container; keep all medication locked in a cabinet or container that is not in a bathroom.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no variations in the standards by category of care

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Homes - 470 IAC 3-1.1-44(f) Centers - 470 IAC 3-4.7-40 Exempt Providers-IC 12-17.2-3.5-5

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Homes - 470 IAC 3-1.1-33.5(c) and 470 IAC 3-1.1-37(b)(3) Centers-470 IAC 3-4.7-32(b)(9) and 470 IAC 3-4.7-82 Exempt Providers-IC 12-17.2-3.5-5.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed centers are required to be completed prior to being alone with children.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Website, licensing consultants, emails, text messages, leveraging partners working with providers such as Early Learning Indiana and Spark Learning Lab.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.**

The provider must provide formal orientation to employees and volunteer caregivers before they commence their caregiver duties in the home or facility. The orientation training from a provider must include the following: names, ages, specific needs of children assigned, including food allergies, location of children's records, and children's emergency information, including food and other allergies.

A notation of any special dietary exceptions for children shall be posted in the kitchen and where meals and snacks are served.

1. Prior to having contact with children, the following training or information shall be provided to all staff and volunteers according to the specific responsibilities assigned to that particular staff member or volunteer:

1. Prevention of and response to emergencies due to food and allergic reactions.

1. Special diets

- (a) The program shall post information regarding children's special diets for dietary staff in charge of preparing and serving the food.
 - (b) The program must plan and serve substitutions, written on a menu, for all children with dietary restrictions.
 - (c) For children requiring a special diet due to medical reasons or allergic reactions, the center shall provide meals and snacks in accordance with the child's needs and the written instructions of the child's physician.
 - (d) A child requiring a special diet due to religious or personal beliefs shall have a written statement from the child's parent.
 - (e) For special diets, the center may request the parent to supplement food served by the program.
 - (f) If the parent provides the food from home, the center must have the parent sign a "Safe Transportation of Food Responsibility" form, available from the division.
 - (g) All food items must be protected from damage and potential contamination

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Homes - 470 IAC 3-1.1-33.5(c) and 470 IAC 3-1.1-37(b)(3) Centers-470 IAC 3-4.7-32(b)(9) and 470 IAC 3-4.7-82 Exempt Providers-IC 12-17.2-3.5-5

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Homes - 470 IAC 3-1.1-33.5(c) and 470 IAC 3-1.1-37(b)(3) Centers-470 IAC 3-4.7-32(b)(9) and 470 IAC 3-4.7-82 Exempt Providers-IC 12-17.2-3.5-5

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Website, licensing consultants, emails, text messages, leveraging partners working with providers such as Early Learning Indiana and Spark Learning Lab.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

A provider shall provide for a safe environment ensuring that firearms and ammunition are secured in a locked area, by key or combination, where children cannot gain access; ensuring that poisons, chemicals, and hazardous materials and items, including sharp scissors, knives, matches, lighters, flammable liquids, power tools and cleaning supplies, are stored in a remote area of the facility in a location that is in accessible to children or maintained in locked storage; performing regular inspections for hazardous conditions, including exposed electrical outlets and damaged or broken equipment, toys and furniture; regular inspection of the grounds to eliminate hazards such as debris, poisonous plants, large holes, or other similar hazards; insuring water hazards, including retention ponds and baptismal fonts, within the facility or on the grounds where the child care is located are inaccessible to children; ensuring that any thermal hazards above one hundred twenty (120) degrees Fahrenheit, such as radiators, hot water pipes, steam pipes, and heaters, in the space occupied by children are out of reach of children or separated from the space by partitions, screens, or other means, which are firmly attached and cannot be overturned; ensuring that environmental hazards that present a risk for entrapment or burial, such as, but not limited to, the following are inaccessible to children: abandoned appliances; abandoned wells; and pits; ensuring that the outdoor play area is safely enclosed, fenced, or protected from traffic by barriers; ensuring air compressors or

other dangerous equipment in the outdoor play area are enclosed and inaccessible to children.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Homes - 470 IAC 3-1.1-39, 470 IAC 3-1.1-45(a), 470 IAC 3-1.1-46 and 470 IAC 3-1.1-48 Centers-470 IAC 3-4.7-70, 470 IAC 3-4.7-99, 470 IAC 3-4.7-100, 470 IAC 3-4.7-101 and 470 IAC 3-4.7-102 Exempt Providers-IC 12-17.2-3.5-10, IC 12-17.2-3.5-11, IC 12-17.2-3.5-5

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Homes - 470 IAC 3-1.1-39, 470 IAC 3-1.1-45(a), 470 IAC 3-1.1-46 and 470 IAC 3-1.1-48 Centers-470 IAC 3-4.7-70, 470 IAC 3-4.7-99, 470 IAC 3-4.7-100, 470 IAC 3-4.7-101 and 470 IAC 3-4.7-102 Exempt Providers-IC 12-17.2-3.5-10, IC 12-17.2-3.5-11, IC 12-17.2-3.5-5

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Website, licensing consultants, emails, text messages, leveraging partners working with providers such as Early Learning Indiana and Spark Learning Lab.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The following apply to an individual who is employed or volunteers as a caregiver at a facility where a provider operates a child care program: Not more than three (3) months after the individual begins employment or volunteer duties, the individual must receive training approved by the division concerning child abuse detection and prevention. This training includes and covers the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Homes - 470 IAC 3-1.1-33.5(b)(3) Center-470 IAC 3-4.7-13 and470 IAC 3-4.7-32
Exempt Providers-IC 12-17.2-3.5-8(b)(5)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

The Homes - 470 IAC 3-1.1-33.5(b)(3) Center-470 IAC 3-4.7-13 and470 IAC 3-4.7-32
Exempt Providers-IC 12-17.2-3.5-8(b)(5).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Website, licensing consultants, emails, text messages, leveraging partners working with providers such as Early Learning Indiana and Spark Learning Lab.

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-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)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.**

A provider shall have written plans for notifying parents regarding the following: care in an emergency and emergency evacuation. The plan required must be posted in a conspicuous location in the facility where the provider operates a child care program. The provider must have written emergency evacuation and disaster plans. The provider shall have written plans posted in the facility where the provider operates a child care program for notifying parents of the identity of the person or persons responsible for notifying parents or guardians in case of an emergency and the person or persons responsible for providing care should the provider be unable to provide care due to an emergency. A written and posted plan for routes for emergency evacuation, shelter, fire or severe weather are also required.

The program shall make plans for the protection of children in the event of a disaster.

The plan must also include 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. A provider shall also have a written emergency plan describing procedures for responding to an emergency, including disasters, or an emergency declared by the Governor. The emergency plan should include the following components:

- 1. staff and volunteer emergency preparedness training and practice drills;**

1. identifying specific responsibilities of staff during a disaster;
 1. accounting for children;
 1. evacuating and relocating;
 1. shelter-in-place and lock down;
 1. communication and reunification with families;
 1. continuity of operations; and
1. accommodations for infants and toddlers, children with disabilities and chronic medical conditions.

The disaster plan for providers is reviewed at the time of inspection.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Homes - 470 IAC 3-1.1-46(r),(s),(v) & (w); Centers- 470 IAC 3-4.7-91 and 470 IAC 3-4.7-92 Exempt Providers-IC 12-17.2-3.5-7

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Homes - 470 IAC 3-1.1-46(r), (s), (v) & (w); Centers- 470 IAC 3-4.7-91 and 470 IAC 3-4.7-92 Exempt Providers-IC 12-17.2-3.5-7.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service
 Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes
 No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Website, licensing consultants, emails, text messages, leveraging partners working with providers such as Early Learning Indiana and Spark Learning Lab.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

A provider shall provide for a safe environment which includes that the following items are placed in areas that are inaccessible to the children in the provider's care: firearms and ammunition, poisons, chemicals, bleach, and cleaning materials, and medications. Providers must ensure that poisons, chemicals, and hazardous materials

and items, including sharp scissors, knives, matches, lighters, flammable liquids, power tools and cleaning supplies, are stored in a remote area of the facility in a location that is in accessible to children or maintained in locked storage. A provider shall have, and maintain compliance with, a written policy describing the practice of the provider concerning safe conditions in the facility and on the grounds.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Homes - 470 IAC 3-1.1-45(a) and 470 IAC 3-1.1-48(c) Centers-470 IAC 3-4.7-100, 470 IAC 3-4.7-102 and 470 IAC 3-4.7-32 Exempt Providers-IC 12-17.2-3.5-10 and IC 12-17.2-3.5-5

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Homes - 470 IAC 3-1.1-45(a) and 470 IAC 3-1.1-48(c) Centers-470 IAC 3-4.7-100, 470 IAC 3-4.7-102 and 470 IAC 3-4.7-32 Exempt Providers-IC 12-17.2-3.5-10 and IC 12-17.2-3.5-5.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Website, licensing consultants, emails, text messages, leveraging partners working with providers such as Early Learning Indiana and Spark Learning Lab.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

A provider shall do the following with respect to transporting children away from the facility where the provider operates a child care program: Obtain written permission from the child's parent or legal guardian to transport the child, ensure that the child is transported only by an employee or a volunteer who: is at least eighteen (18) years of age, holds a valid driver's license, and transports the child in a properly licensed and insured motor vehicle. The provider must also have a written policy for transportation.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. 470 IAC 3-1.1-40 and 470 IAC 3-1.1-45(a) Centers-470 IAC 3-4.7-72 and 470 IAC 3-4.7-73 Exempt Providers-IC 12-17.2-3.5-5 and IC 12-17.2-3.5-11

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

470 IAC 3-1.1-40 and 470 IAC 3-1.1-45(a) Centers-470 IAC 3-4.7-72 and 470 IAC 3-4.7-73 Exempt Providers-IC 12-17.2-3.5-5 and IC 12-17.2-3.5-11.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Website, licensing consultants, emails, text messages, leveraging partners working with providers such as Early Learning Indiana and Spark Learning Lab.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.**

The provider, all employees, and volunteer caregivers shall maintain current certification in first aid as set forth in the Caring for our Children, National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, third edition, published by the American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education 1.4.3.2. The provider shall ensure that at least one (1) individual is present at all times with a current certification in CPR for all age groups of children receiving care. The CPR certification required must meet Journal of American Medical Association (JAMA) standards and include a return demonstration of skills.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.**

No variations.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.**

Homes - 470 IAC 3-1.1-33.5(c) and IC 12-17.2-5-18.2 Centers-470 IAC 3-4.7-33 and 470 IAC 3-4.7-34 Exempt Providers-IC 12-17.2-3.5-8

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.**

1.1-33.5(c) and IC 12-17.2-5-18.2 Centers-470 IAC 3-4.7-33 and 470 IAC 3-4.7-34 Exempt Providers-IC 12-17.2-3.5-8.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Website, licensing consultants, emails, text messages, leveraging partners working with providers such as Early Learning Indiana and Spark Learning Lab.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

An employee or a volunteer of a provider who has reason to believe that a child in the

provider's care is a victim of child abuse or neglect shall make a report as required under IC 31-33-5. The provider shall do the following: Not more than three (3) months after the individual begins employment or volunteer duties, the individual must receive training approved by the division concerning child abuse detection and prevention.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

No variations.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Homes - 470 IAC 3-1.1-35 Centers-470 IAC 3-4.7-13 and 470 IAC 3-4.7-32(b)(5)

Exempt Providers-IC 12-17.2-3.5-8 and IC 12-17.2-3.5-8.5

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Homes - 470 IAC 3-1.1-35 Centers-470 IAC 3-4.7-13 and 470 IAC 3-4.7-32(b)(5)

Exempt Providers-IC 12-17.2-3.5-8 and IC 12-17.2-3.5-8.5.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Website, licensing consultants, emails, text messages, leveraging partners working with providers such as Early Learning Indiana and Spark Learning Lab.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

NA

ii. Please enter 'NA' below

NA

iii. Please enter 'NA' below

NA

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

There are four (4) health and safety modules of training. Three (3) of the four (4) trainings are required for each care provider, depending on the age of the child. All four (4) trainings are required if the care giver is responsible for children of all ages. Caregivers have 90 days to obtain the required health and safety trainings, and there is a refresher required each year. Separately, caregivers are required to do 12 hours of in-service hours annually. These 12 hours can be pro-rated based on the caregiver's length of service, i.e., if the caregiver has only been employed for six (6) months, the caregiver may do only six (6) hours of training. Caregivers, teachers and directors must receive at least twelve (12) hours of continuing education approved by the Lead Agency and related to the Health and Safety topic areas, the age-appropriate educational development, care, and safety of children. The hours of continuing education required may include trainings around child abuse detection and prevention, first aid, cardiopulmonary resuscitation, and safe sleeping practices.

Centers- 470 IAC 3-4.7-35 Exempt Providers- IC 12-17.2-3.5-8 Homes- 470 IAC 3-1.1-38

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

No variations.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

Website, licensing consultants, emails, text messages, leveraging partners working with providers such as Early Learning Indiana and Spark Learning Lab.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

12

b. License-exempt child care centers:

12

c. Licensed family child care homes:

12

d. License-exempt family child care homes:

12

e. Regulated or registered In-home child care:

12

f. Non-regulated or registered in-home child care:

12

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Describe:

The provider shall make available nutritious meals and snacks to each child in the provider's care that: are appropriately timed with a period of not less than two (2) hours and not more than three and one-half (3½) hours between meals or snacks except between 9:00 p.m. and 6:00 a.m. The provider shall meet nutritional needs including: breakfast, which includes milk, fruit or one-hundred percent (100%) fruit juice, and a cereal or grain; lunch or dinner, which includes an item from each food group; snack, which includes a food from at least two (2) different food groups; are in measured portions appropriate for the age of the child; and are appropriate for the age of the child, including an individualized feeding schedule for an infant provided by their parent or guardian. The provider must ensure that meals brought from outside the facility are stored in a refrigerator in sacks or containers that are labeled with the child's name and date of delivery to the facility. The provider shall have written meal plans posted in the facility where food is prepared and where they can be visible to the parent in the facility where the provider operates a child care program. Homes - 470 IAC 3-1.1-42 Center-470 IAC 3-4.7-75, 470 IAC 3-4.7-76, 370 IAC 3-4.7-77, 470 IAC 3-4.7-78, 470 IAC 3-4.7-79 and 470 IAC 3-4.7-134 Exempt Providers-IC 12-17.2-3.5-5

b. Access to physical activity:

Describe:

A provider shall make available daily activities appropriate to the age, developmental needs, interests, and number of children in the care of the provider, including the following: Daily outdoor play, unless one (1) of the following applies: Severity of the weather poses a safety or health hazard and/or a health related reason for a child to remain indoors is documented by the child's parent, guardian, or physician. Homes - 470 IAC 3-1.1-38 Centers-470 IAC 3-4.7-57and 470 IAC 3-4.7-58 Exempt Providers-IC 12-17.2-3.5-5

c. Caring for children with special needs:

Describe:

A provider shall make available daily activities appropriate to the age, developmental needs, interests, and number of children in the care of the provider, including both

active and quiet play. The provider may include the use of safe, age-appropriate toys, games, and equipment for indoor and outdoor play. Homes-470 IAC 3-1.1-38 Centers-470 IAC 3-4.7-35, 470 IAC 3-4.7-147 and 470 IAC 3-4.7-148 Exempt Provider-IC 12-17.2-3.5-5

- d. Any other areas determined necessary to promote child development or to protect childrens health and safety (98.44(b)(1)(iii)).

Describe:

Centers require that outdoor play equipment meet the consumer product commission safety guidelines for public playgrounds. 470 IAC 3-4.7-66.\

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

- a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

The state certifies that it has policies and practices in place to ensure compliance with the applicable licensing and health and safety requirements for providers receiving CCDF and their families. Policy citation IC 12-17.2-3.5 Eligibility of Child Care Provider to Receive Reimbursement through Voucher Program, IC 12-17.2-4 Regulations for Child Care Centers, IC 12-17.2-5 Regulations for Child Care Homes

- b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

There are four (4) health and safety modules of training. Three (3) of the four (4) trainings

are required for each care provider, depending on the age of the child . All four (4) trainings are required if the care giver is responsible for children of all ages. Caregivers have 90 days to obtain the required health and safety trainings, and there is a refresher required each year. Separately, caregivers are required to do 12 hours of in-service hours annually. These 12 hours can be pro-rated based on the caregiver's length of service, i.e. if the caregiver has only been employed for six(6) months, the caregiver may do only six (6) hours of training. Caregivers, teachers and directors must receive at least twelve (12) hours of continuing education approved by the Lead Agency and related to the Health and Safety topic areas, the age appropriate educational development, care, and safety of children. The hours of continuing education required may include trainings around child abuse detection and prevention, first aid, cardiopulmonary resuscitation, and safe sleeping practices.

Centers- 470 IAC 3-4.7-35 Exempt Providers- IC 12-17.2-3.5-8

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

Licensing consultants have a standardized checklist which contain requirements for health, safety and fire standards. Consultants also have the ability to cite for items observed that are not on their checklist.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement

procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

- i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

470 IAC 3-4.7 requires licensed centers receive at least one prelicensure visit and must pass all onsite visits including health, safety and fire standards prior to licensure.

- ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

Under Indiana code IC 12-17.2-4 licensed centers receive at least one annual unannounced inspection.

- iii. Identify the frequency of unannounced inspections:

A. Once a year
 B. More than once a year

Describe:

- iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Licensing consultants have a standardized checklist which contain requirements for health, safety and fire standards. Consultants also have the ability to cite for items observed that are not on their checklist.

- v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

IC 12-17.2-4 Regulations for Child Care Centers, and 470 IAC 3-4.7 Child Care Centers; Licensing

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards
470 IAC 3-1.1 requires licensed providers receive at least one prelicensure visit and must pass all onsite visits including health, safety and fire standards prior to licensure.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

Under Indiana code IC 12-17.2-5 licensed homes receive at least one annual unannounced inspection.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards. Licensing consultants have a standardized checklist which contain requirements for health, safety and fire standards. Consultants also have the ability to cite for items observed that are not on their checklist.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers
IC 12-17.2-5 Regulations for Child Care Homes, and 470 IAC 3-1.1, 470 IAC 3-1.2 and 470 IAC 3-1.3.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with

health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

C. Identify the frequency of unannounced inspections:

- 1. Once a year
- 2. More than once a year

Describe:

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements

described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

NA

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Consultants have a standardized checklist which contain requirements for health, safety and fire standards. Monitoring visits are unannounced and must occur at least once a year. Additional monitoring visits occur for specific violations that are a high risk to children safety. Complaints are also monitored.

i. Provide the citation(s) for this policy or procedure

IC 12-17.2-3.5 and 470 IAC 3-18.

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Consultants have a standardized checklist which contain requirements for health, safety

and fire standards. Monitoring visits are unannounced and must occur at least once a year. Additional monitoring visits occur for specific violations that are a high risk to children safety. Complaints are also monitored.

i. Provide the citation(s) for this policy or procedure

IC 12-17.2-3.5 and 470 IAC 3-18

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

Consultants have a standardized checklist which contain requirements for health, safety and fire standards. Monitoring visits are unannounced and must occur at least once a year. Additional monitoring visits occur for specific violations that are a high risk to children safety. Complaints are also monitored.

b. Provide the citation(s) for this policy or procedure.

IC 12-17.2-3.5 and 470 IAC 3-18

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

The agency responsible for inspections is the Family & Social Services Administration, Division of Family & Resources, Office of Early Childhood & Out of School Learning (OECOSL).

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the states licensure requirements (658E(c)(2)(K)(i)(l); 98.42(b)(1-2)).

- a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

All licensing inspectors are required to have a Bachelor's Degree, with preference given to those with degrees in ECE or a related field.

- b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

The Lead Agency has policies developed for orientation of new inspectors that includes but is not limited to trainings in health and safety requirements, Indiana's Early Learning Guidelines (the Indiana Early Learning Foundations), Safe Sleep, New Provider Orientation 1 and 2, and child abuse/neglect. Orientation also includes a minimum of two (2) months job shadowing and training on technology. Licensing consultants are monitored regularly to ensure ongoing high quality, evidence-based monitoring and support services are provided.

- c. Provide the citation(s) for this policy or procedure.

Under the OECOSL Policy Keystone Document, OECOSL Caseload Management Document Reference # 001.010.001.

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

- a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

Caseloads are reviewed annually; as are the completion rates for annual and semi-annual monitoring visits, complaint inspections and other necessary follow up visits are completed as needed. In the event that caseloads are too high to ensure that such visits are occurring and are occurring timely, Consultants will alert managers when their caseload has significantly increased or decreased so that adjustments can be made. The Lead Agency will request additional consultants through the Indiana State Personnel Department.

- b. Provide the policy citation and state/territory ratio of licensing inspectors.

Under the OECOSL Policy Keystone Document, OECOSL Caseload Management Document Reference # 001.010.001, Indiana has established policies in place to ensure that providers receive monitoring visits, complaint investigations and technical assistance visits as required and as needed by providers to support compliance and child safety. Caseloads are reviewed monthly; as are the completion rates for annual and semi-annual monitoring visits, complaint inspections and other necessary follow up visits are completed as needed. In the event that caseloads are too high to ensure that such visits are occurring and are occurring timely, the Lead Agency will request additional consultants through the Indiana State Personnel Department.

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Citation: IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

All other providers eligible to deliver CCDF Services

Citation:

Citation: IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Citation: IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

All other providers eligible to deliver CCDF Services

Citation:

Citation: IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Citation: IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

All other providers eligible to deliver CCDF Services

Citation:

Citation: IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

Citation: IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

All other providers eligible to deliver CCDF Services

Citation:

Citation: IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

Citation: IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

All other providers eligible to deliver CCDF Services

Citation:

Citation: IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

Citation: IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

All other providers eligible to deliver CCDF Services

Citation:

Citation: IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

Citation: IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

All other providers eligible to deliver CCDF Services

Citation:

Citation: IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

Citation: IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

All other providers eligible to deliver CCDF Services

Citation:

Citation: IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

The state of Indiana requires a criminal background check be conducted on all child care staff members (including prospective staff members) who are employed by a child care provider, which includes licensed homes, licensed centers, unlicensed registered ministries, legally licensed exempt homes, legally licensed exempt centers and in-home (nanny care) providers. Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees, volunteers and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children. For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older. Providers request the background checks by requiring each staff person in their facility to submit a Consent to Release Information (State Form 53323). Before the consent is processed each submitter must agree " to a release of information from Child Protective Services and the Criminal Justice System to the

Indiana Child Care Licensing Section, Office of Early Childhood and Out of School Learning, and to the licensee/applicant. The information may contain prior criminal history, arrest record, or child protective service history and is sought to ensure the safety of children in child care settings."

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

Child care providers are only charged the actual cost of administering a criminal background check. The State of Indiana holds the contract for this vendor and all other fees are charged directly to the Lead Agency. The fees for a Juvenile check are \$22.95 and \$37.20 for an adult check. From April 2021 to April 2022 the Lead Agency is being billed directly for all background check fees.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

Once a child care staff member has submitted and received a satisfactory result on the FBI fingerprint, which includes the state criminal registry check, the staff member can work on a provisional basis as long as they are supervised, at all times, by a staff member that has passed all required background checks.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

The caregiver will document on consent form in I-Lead or paper consent all residential addresses in the last 5 years. If the individual has lived out of state during this time. CCIS will indicate that this is an individual who needs a review from another state(s).

Background check staff will have all necessary forms completed for the individual state(s) and then send the request to the other state(s). For states who process electronically, we will do the checks through their system.

Fingerprint checks for our system are completed prior to out of state contact but all other checks are done after information is obtained from the other states.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

The State of Indiana requires background checks not less often than once during each 3-year period following the first submission date. If within the 3-year period, the staff member has been separated from employment from a child care provider for more than 180 consecutive days they must submit to another background check.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

If an applicant has not been employed in child care within the last 180 days, a new criminal background check must be completed.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

<https://www.in.gov/fssa/carefinder/background-check-requirements/>

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program

(98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

- a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

Per Indiana State law, policies and procedures are in place to conduct FBI fingerprint check using Next Generation Identification checks for all child care staff members (including prospective staff members) for all child care providers, which includes licensed homes, licensed centers, unlicensed registered ministers and legally licensed exempt homes, legally licensed exempt centers and in-home (nanny care) providers that accept CCDF. The FBI fingerprint check using Next Generation Identification background is run through the Indiana State Police and includes the state criminal registry check.

Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees, volunteers and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children. For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older. The State of Indiana has many requirements, policies, and procedures in place to comply with the background check requirements, including: running a FBI fingerprint check using Next Generation Identification background check for a child care staff member that also includes a search of the State criminal and sex offender registry or repository; a search of the State-based child abuse and neglect registries (Child

Protection Index); a search of the Indiana State criminal history database a search of the National Crime Information Center; a Federal Bureau of Investigation fingerprint check using the Integrated Automated Fingerprint Identification System;

Child Care staff members must submit to the OECOSL State Form 53323 - Consent to Release Information for Licensed Centers, Licensed Homes, Unlicensed Registered Ministries and CCDF LLEPS's. The State of Indiana provides the results of the criminal background check to the provider in a statement that indicates whether a child care staff member (including a prospective child care staff member) is qualified or disqualified for employment, without revealing any disqualifying crime or other related information regarding the individual.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

N/A

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

The Lead Agency has documented the required process to submit a request for a background check for all US states and territories. When consent forms are processed with an out of state address (within the last five years), the procedure to submit a request for a background check is followed. Results for out of state checks are included in the final determination of qualification or disqualification for annual background checks.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

The Lead Agency will issue a qualified letter if the information received does not contain a disqualifying event. The letter also states that if additional information is received, the individual's status is subject to change.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

The Lead Agency has documented the required process to submit a request for a background check for all US states and territories. When consent forms are processed with an out of state address (within the last five years), the procedure to submit a request for a background check is followed. Results for out of state checks are included in the final determination of qualification or disqualification for annual background checks.

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

In order to meet this requirement Indiana has put the following process in place: the Lead Agency receives a State Form 53323 - Consent to Release Information from another state for a child care staff member. The information on the Consent to Release Information is entered into the Interstate Request Tracking system. assigned staff runs the state criminal background check, the sex offender registry check and the child abuse and neglect check on the child care staff member and indicates in the Consent software and on the Consent to Release Information form whether there was a "record found" or "record not found". If there is a "record found" on the child care staff member a staff member will review the record and determine if the child care staff member is a qualified caregiver or disqualified caregiver and mark appropriately in the Consent software in CCIS and on the Consent to Release Information form. If at any point the Lead Agency is waiting on information from the child care staff member or the Indiana State Police or Child Protective Services the 45 day clock is paused and the Lead Agency will notify the requesting state. Once the background checks are complete, the Lead Agency will send the requesting state back the child care staff member's Consent to Release Information form and notify them in writing if the child care staff member is qualified as a caregiver or disqualified as a caregiver. The Lead Agency will also notify the staff member in writing if they are qualified as a caregiver or disqualified as a caregiver.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

In order to meet this requirement Indiana has put the following process in place: the Lead Agency receives a State Form 53323 - Consent to Release Information from another state for a child care staff member. The information on the Consent to Release Information is entered into the Interstate Request Tracking system. assigned staff runs the state criminal background check, the sex offender registry check and the child abuse and neglect check on the child care staff member and indicates in the Consent software and on the Consent to Release Information form whether there was a "record found" or "record not found". If there is a "record found" on the child care staff member a staff member will review the record and determine if the child care staff member is a qualified caregiver or disqualified caregiver and mark appropriately in the Consent software in CCIS and on the Consent to Release Information form. If at any point the Lead Agency is waiting on information from the child care staff member or the Indiana State Police or Child Protective Services the 45 day clock is paused and the Lead Agency will notify the requesting state. Once the background checks are complete, the Lead Agency will send the requesting state back the child care staff member's Consent to Release Information form and notify them in writing if the child care staff member is qualified as a caregiver or disqualified as a caregiver. The Lead Agency will also notify the staff member in writing if they are qualified as a caregiver or disqualified as a caregiver.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

In order to meet this requirement Indiana has put the following process in place: the Lead Agency receives a State Form 53323 - Consent to Release Information from another state for a child care staff member. The information on the Consent to Release Information is entered into the Interstate Request Tracking system. assigned staff runs the state criminal background check, the sex offender registry check and the child abuse and neglect check on the child care staff member and indicates in the Consent software and on the Consent to Release Information form whether there was a "record found" or "record not found". If there is a "record found" on the child care staff member a staff

member will review the record and determine if the child care staff member is a qualified caregiver or disqualified caregiver and mark appropriately in the Consent software in CCIS and on the Consent to Release Information form. If at any point the Lead Agency is waiting on information from the child care staff member or the Indiana State Police or Child Protective Services the 45 day clock is paused and the Lead Agency will notify the requesting state. Once the background checks are complete, the Lead Agency will send the requesting state back the child care staff member's Consent to Release Information form and notify them in writing if the child care staff member is qualified as a caregiver or disqualified as a caregiver. The Lead Agency will also notify the staff member in writing if they are qualified as a caregiver or disqualified as a caregiver.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.in.gov/fssa/carefinder/background-check-requirements/>

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address

- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.in.gov/fssa/carefinder/background-check-requirements/>

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email
- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse

and neglect.

xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.in.gov/fssa/carefinder/background-check-requirements/>

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

If yes, describe other disqualifying crimes and provide the citation:

A felony and less than ten (10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest; Welfare fraud misdemeanor for operating a child care center without a license under IC 12-17.2-4-35, or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child; or (D) misdemeanor for operating a child care home without a license under IC 12-17.2-5-35, or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child; Attempted murder (IC 35-41-5-1). (3) Voluntary manslaughter (IC 35-42-1-3). (4) Involuntary manslaughter (IC 35-42-1-

4); (5) Reckless homicide (IC 35-42-1-5); (9) Criminal deviate conduct (IC 35-42-4-2) (before its repeal); (12) Robbery as a Class A or Class B felony (for a crime committed before July 1, 2014) or a Level 2 or Level 3 felony (for a crime committed after June 30, 2014) (IC 35-42-5-1).

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

The Lead Agency does not share the detailed results of the background check with the provider, any other state or agency but does share with the child care provider in writing, if the staff member is qualified as a caregiver or disqualified as a caregiver. The detailed results of the background check are only shared with the specific child care staff member.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)).

An individual with a felony drug offense is not eligible for employment if less than 10 years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest. If more than ten years have lapsed since the drug felony offense the individual is eligible for employment.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
- The appeals process is completed in a timely manner for any appealing child care staff member
- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))
- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

The Lead Agency must notify the disqualified child care staff member that they may challenge the completeness or accuracy of the record. Please note, a disqualified child care staff member is not eligible to work at the child care during the challenge process.

All disqualified child care staff members are instructed in writing how to challenge the results of the background check as follows:

Within ten (10) calendar days of notice of the child care staff member being determined to be disqualified, the staff member must send a written request of appeal to the Office of

Early Childhood and Out of School Learning to the address below. The appeal should include a copy of the disqualification letter and a description of the specific information being appealed.

Office of Early Childhood and Out-of-School Learning
Attn: Lisa Ellis- Background Check Appeals
Indiana Family and Social Services Administration
402 West Washington Street, W-361, MS -02
Indianapolis, IN 46204

The OECOSL has thirty (30) calendar days to review the request, do additional research and respond in writing after receipt of the challenge. If the disqualified child care staff member is not satisfied with the decision of the Child Care Manager at the Lead Agency, he/she has ten (10) days from receipt of the letter to submit a written request for appeal the:

Office of Early Childhood and Out of School Learning
OECOSL Director- Background Check Appeals
Indiana Family and Social Services Administration
402 West Washington Street, Room W361
Indianapolis, Indiana 46204

The Director has thirty (30) days to review the decision of the Background Check Manager and respond in writing. The decision of the Director is final.

If the challenge is with the results from the State of Indiana criminal background check or Sex Offender Registry contact the State Police Headquarters in person or via mail at:
Indiana State Police, Attention: Records Division,
100 North Senate Avenue, IGCN,
Indianapolis, IN 46204.

If the challenge is with the national FBI criminal background check to challenge the accuracy or completeness of any entry contact the FBI, Criminal Justice Information Services (CJIS) Division at:

FBI, Criminal Justice Information Services (CJIS) Division,
ATTN: SCU, Mod. D-2,
1000 Custer Hollow Road
Clarksburg, WV 26306.

If the challenge is with the Department of Child Services, the disqualified staff member needs to contact the county where the substantiation was initiated in order to challenge the accuracy or completeness of the record. To find your local Department of Child Services office go to the following website <https://www.in.gov/fssa/carefinder/5480.htm>.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

N/A

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

If the challenge is with the Department of Child Services, the disqualified staff member needs to contact the county where the substantiation was initiated in order to challenge the accuracy or completeness of the record. To find the local Department of Child Services office go to the following website <https://www.in.gov/fssa/carefinder/5480.htm>.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.

Describe:

- c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.

Describe:

- c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

- c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
 - i. Criminal registry or repository using fingerprints in the current state of residency
 - ii. Sex offender registry or repository in the current state of residency
 - iii. Child abuse and neglect registry and database check in the current state of residency
 - iv. FBI fingerprint check
 - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
 - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
 - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
 - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

Indiana has an approved, cross-sector Core Knowledge and Competencies (CKCs) framework that outlines professional standards and competencies for professionals working with children birth to adulthood. Indiana's CKCs were revised in early 2016 to align with recommendations and competencies identified in Transforming the Workforce for Children Birth through Age 8: A Unifying Foundation (IOM 2015). This revision was completed by a cross-sector group of early childhood and out-of-school time professionals. During this revision, the formatting and content of Indiana's CKCs was enhanced to provide professionals with an Individual Professional Development Planning Tool linked to the competencies. The 3rd edition of the Indiana Core Knowledge and Competencies (CKCs) framework will be published in the Fall of 2021. This third edition included a review by key early childhood and out of school time partners. The changes reflect information from NAEYC's Power to the Profession, emphasizes diversity and equity, and an updated Professional Development Planning Tool.

ii. Career pathways. Describe:

Indiana has a Career Pathway Guide for the early childhood and school age child care professionals. This Guide was revised in early 2016 and includes a revised version of the Indiana Early Childhood and School Age Career Lattice. The Career Pathway Guide aligns with Indiana's Core Knowledge and Competencies (CKCs) and focuses on the recruitment, retention and advancement of early childhood, school-age and youth professionals in our state. Indiana utilized the Institute of Medicine (IOM) report (Transforming the Workforce for Children Birth through Age 8: a Unifying Foundation,

2015) and the Indiana Career Council's work on career pathways to inform the development of the guide. The guide contains multiple early childhood and school age child care career choices and the necessary degrees/certifications to obtain these careers. This document was developed by a cross-sector group of early childhood and out-of-school time professionals, including members of the Indiana Professional Development Network, and provides career information for entry level staff all the way through the obtainment of a PhD. The Career Pathway will be updated to reflect changes included in the 3rd edition of the Indiana Core Knowledge and Competencies.

iii. Advisory structure. Describe:

Indiana's Early Learning Advisory Council (ELAC) has various areas that focus on, one of which is the workforce and professional development group. The ELAC has helped to advise the work of the Office of Early Childhood and Out-of-School Learning (OECOSL) and its professional development system. In addition, OECOSL was awarded the opportunity to participate in the Impacttechnical assistance project through the Office of Child Care (OCC). The results of this work has been a cross sector workgroup focused on the training and professional development system supported by OECOSL. This group has included members from higher education, direct service providers, local community organizations, Child Care Resource and Referral (CCR&R) agencies, and other State Agency staff involved in early childhood education. This group has helped to define how trainings will be developed moving forward, the use of the CKCs in the identification and leveling of the trainings as well as the design of the new learning management system. As result of this work, a draft of Training and Trainer Approval System policies, manuals and steps has been developed. Indiana will finalize the system by October 2021.

iv. Articulation. Describe:

Indiana currently has twenty-nine (29) institutions of higher education offering a total of eighty three (83) early childhood degree programs. Among these are thirty five (35) associate degrees, thirty-five (35) bachelor degrees, seven (7) master degrees, and six (6) doctoral degrees offered by public and private colleges and universities. In addition, the Indiana High School Child Development Career and Technical program has a two-plus-two articulation agreement with the community college system statewide. The Child Development Associate (CDA) credential articulates into the Ivy Tech Community College for up to nine (9) credit hours. In 2014, Indiana Commission of Higher Education received an approval from Indiana General Assembly to implement Transfer Single

Articulation Pathways (TSAP). Students can follow a single articulation pathways from an Indiana 2- year public college to a corresponding degree at a four-year institution without loss of credit. TSAP has been implemented since 2015. Early childhood Education is one of the majors that use TSAP plan. All associate degree programs and 93% of bachelor degree programs report that the associate degree articulates into a teacher education bachelor's degree. 60% of associate degree programs and 27% of bachelor degree programs report that the associate degree articulates into a family and consumer science bachelor's degree (child development/infant toddler). 100% of associate degree programs and 98% of bachelor's degree programs reported the associate degree articulates into the human development bachelor's degree (school-age/youth development). Almost three-quarters (75%) of associate degree programs and one-third (33%) of bachelor degree programs report offering and incorporating coursework that applies to the Indiana Early Childhood Program Administrator Credential into the degree program. Five (5) of the master's and two (2) of the doctoral degree programs also report offering coursework that could be applied to the Administrator Credential. The University of Southern Indiana (USI), in cooperation with National Louis University, offers the online Director's credential. This credential is embedded within the USI early childhood bachelor degree at no additional cost to the student.

v. Workforce information. Describe:

The Indiana Child Care Workforce Study was conducted in 2005, 2010, 2014, and 2019. The study provides statewide workforce data on child care teachers, directors and family childcare home providers working in licensed or registered child care facilities in Indiana. Workforce Surveys included questions pertaining to: educational attainment, working conditions and wages, interests and aspirations, turnover and commitment to the field, and personal information including age, race, gender, family structure, and family income. Surveys also asked questions about the respondent's knowledge of systems and supports including Paths to QUALITY (PTQ), , On My Way Pre-K, and T.E.A.C.H. Early Childhood® INDIANA. The 2019 Indiana Child Care Workforce Study found that child care workforce wages continue to increase but remain markedly low. The teacher median wages (\$15.54 per hour) increased above the national median wage (\$10.60). Educational attainment of the workforce continues to increase with 40% of the teachers who completed the survey and 50% of the family childcare owners who completed the survey reporting that they have an associate or bachelor's degree in early childhood education. Teacher turnover data was collected through the Directors surveys. Turnover

was reported for the previous year (2018). The turnover rate for full time teachers was reported at a rate of 33%. In addition to the regular completion of a workforce study, the Indiana Early Learning Advisory Council convenes a cross-sector workgroup of workforce, economic development and child development experts to study the Indiana early childhood workforce needs. Workforce Coordinators at INAEYC will also be completing workforce profiles that include questions related to staff recruitment, retention, openings, wages and benefits. This information will be used to inform various workforce strategies and a career coaching pilot. Workforce Coordinators are also collecting anecdotal data about the challenges programs are facing in regards to the workforce.

Additionally, with the implementation of several initiatives supported by the CRRSA Funds, OECOSL is collecting data via a bi-weekly survey completed by providers. This survey includes questions related to the number of teaching positions open within the program. As providers complete this survey, the data is being analyzed to determine where other investments are necessary to ensure that this number decreases over time. OECOSL is currently waiving background check fees and providing \$400 onboarding stipends to providers for each new qualified caregiver to support increasing the number of qualified professionals in the workforce.

vi. Financing. Describe:

OECOSL, as the Lead Agency, is working closely with partners and exploring work with the Workforce Development Department to focus on the Governor's state-wide Workforce Development initiative that supports working families across the state. This Lead Agency is working with Department of Workforce Development(DWD) to explore Early Childhood Educator training including the national CDA credential which is recognized and supported with DWD and Integrated Education and Training(IET) funds. This collaborative work between agencies will assist in the development of greater opportunities for the workforce. The Indiana Non Formal CDA Project, under the direction of IN AEYC and funded by IN DWD Adult Education contractors provides early childhood educators with an opportunity to complete their CDA credential in 14 weeks with the support of an Adult Educator. This collaborative relationship provides a comprehensive learning experience for the early childhood educators with the early childhood content being wrapped around the Adult Education (T.A.B.E.) resources to be successful in literacy, comprehension and numeracy. IN AEYC/NF CDA Project in cooperation with the

DWD Adult Education Contractors have provided over 20 CDA classes with a 90% completion/success rate. The NF CDA Project supports the Governors Next Level Jobs. Additionally, with the implementation of several initiatives supported by the CRRSA Funds, OECOSL is collecting data via a bi-weekly survey completed by providers. This survey includes questions related to the number of teaching positions open within the program. As providers complete this survey, the data is being analyzed to determine where other investments are necessary to ensure that this number decreases over time. OECOSL is currently waiving background check fees and providing \$400 onboarding stipends to providers for each new qualified caregiver to support increasing the number of qualified professionals in the workforce.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

The Lead Agency contracts with Indiana Association for the Education of Young Children (IAEYC) to provide scholarships through the T.E.A.C.H. EarlyChildhood®INDIANA scholarship program (T.E.A.C.H.). In 2019, T.E.A.C.H. helped 1,152 of Indiana's early care and education professionals increase their education. Recipients on associate degree scholarships completed an average of twelve (14) credits per contract. Recipients on bachelor's degree scholarships completed an average of fourteen (15.0) credit hours. T.E.A.C.H. recipients in Indiana completed over 6,834 credit hours last year. The average grade point average (GPA) for a T.E.A.C.H. recipient working on his or her associate degree was 3.5; the average GPA for a T.E.A.C.H. recipient working on his or her bachelor's degree was 3.71. The average hourly wage of a teacher on a T.E.A.C.H. scholarship was \$11.50. The average increase in earnings for a T.E.A.C.H. recipient on an associate degree scholarship was 8%. The average increase in earnings for a T.E.A.C.H. recipient on a bachelor's degree scholarship was 6%. For associate degree scholarship recipients, the average turnover rate was 3.0%. For bachelor's degree scholarship recipients, the average turnover rate was 2.0%. 68% of scholarship recipients worked with children ages three (3) to five (5). 52% of recipients worked with children under two (2). 23% of scholarship recipients were women of color; 2.86% of recipients were of Hispanic origin. T.E.A.C.H. scholarship recipients attended one of the

sixteen (16) different community colleges or seven (8) universities offering early childhood degree programs in Indiana. In a recent survey of T.E.A.C.H. recipients, 99% indicated they would recommend T.E.A.C.H. to their peers; and 99% of their k employers would recommend T.E.A.C.H.

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

SPARKLearning Lab provides training and professional development regionally throughout the state and creates on-demand content for programs to be hosted on the state's learning management system. Approved trainings cover topics such as health and safety, developmentally appropriate practice, behavior intervention strategies, and assessment across all age groups. All trainings are aligned to the Indiana Core Knowledge and Competencies and Child Development Associate (CDA) Competencies. Additionally, trainings have been created related to effective business practices to support program sustainability in alignment with the Organizational Development and Administration competencies. These and other trainings offered through the Indiana Afterschool Network's Indiana Academy for Out-of-School Learning are also aligned with the competencies for Child & Youth Care (CYC) Certification. The Lead Agency will be implementing a comprehensive training/trainer approval system effective October 1, 2021. This process includes a review of existing CCDF funded trainings to determine if they align to research and best practice; align to the Indiana Early Learning Foundations; and if they are stackable and build upon prior knowledge of the provider. This system will also review and approve the qualifications of trainers to ensure the trainings provided are delivered by highly knowledgeable, qualified trainers.

- iii. Other

Describe:

The CYC certification is a national credential for child and youth care work practitioners. It is based on a three-tiered system beginning with Entry Level and includes Associate and Professional Levels. CYC certification allows practitioners to demonstrate their development as professionals and participate in true career development. Over time, practitioners can combine in-service training, formal education and work experience to qualify for increasingly advanced positions. Or they can continue to work in the same

setting with the ability to meet a wider range of youth needs. CYC Certification in Indiana is administered through Indiana Youth Services Association. CYC certification is recognized by Indiana Department of Workforce Development as a Promoted Industry Certification, by the Council on Accreditation, and as a School-Age Equivalent to a CDA.

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The OECOSL was awarded the opportunity to participate in the Impact project through the Office of Childcare (OCC). As part of this work OECOSL, alongside a broad group of stakeholders, launched professional development learning management system. This group has included members from key partners including but not limited to higher education, direct service providers, local community organizations, Child Care Resource and Referral (CCR&R) agencies, new TA vendor SPARK Learning Lab and other State Agency staff involved in early childhood education. Indiana's Early Learning Advisory Council (ELAC) has defined priority areas, one of which is the workforce and professional development which helped to advise in this work. This system, Indiana Learning Paths, allows OECOSL to collect broad data on the workforce and align its professional development to the CKCs. Indiana Learning Paths launched in January of 2019. This work has transitioned from the IMPACT Project to key system stakeholders such as Indiana AEYC and the Higher Education Forum to implement and engage in continuous quality improvement.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

The early childhood workforce have access to scholarships through T.E.A.C.H.. The Lead Agency contracts with Indiana Association for the Education of Young Children (IN AEYC) to fund financial assistance through the T.E.A.C.H Early Childhood® INDIANA scholarship program. The funding for this project is provided to support credit-based scholarships for the CDA training and CDA assessment (for workforce who completed credit-based and other

community non formal training) , technical certificate in early childhood, associate of applied science in early childhood, associate of science in early childhood, bachelors in early childhood, transition to early childhood (meet early childhood equivalency for individual with unrelated bachelor degree), administrator credential and the infant toddler certificate. In addition, T.E.A.C.H. supports CDA Assessment credentialing fees of Career and Technical Education seniors. The scholarships are provided through community-based and credit-based professional learning opportunities. Additionally, pilots with DWD have been rolled out in support of the early childhood workforce to support the successful completion of CDA training and obtainment of the national credential. These pilots have been largely successful. In 2019, 57 professionals were awarded their CDAs, in 2020 59 completed and there are currently 87 students enrolled in 2021. Financial incentives linked to educational attainment and retention - Caregivers have incentives for completing coursework successfully in a timely manner. The Lead Agency contracts with Indiana Association for the Education of Young Children (IN AEYC) to fund the Indiana Non-Formal CDA project. This project provides a financial incentive in the form of a \$100 bonus when a provider completes the 120 clock hours of training to meet the criterion for the CDA credential. T.E.A.C.H. Early Childhood® INDIANA also provides a scholarship to all providers who are applying for the CDA Assessment or renewing a CDA, and upon successful award of the CDA Certification from the Council of Professional Recognition, the participant receives a \$200 bonus for the assessment and \$100 for renewal. T.E.A.C.H. Early Childhood ®INDIANA provides, in cooperation with the sponsoring employer, a bonus for the completion of required credit hours. T.E.A.C.H. bonuses range from \$100-\$300, depending on the scholarship model. The Lead Agency contracts with Indiana Association for the Education of Young Children to administer and fund the T.E.A.C.H. Early Childhood® INDIANA scholarships program. This program supports scholarships for Career and Technical Education (CTE) high school students for the CDA Assessment. Outreach is provided to all Child Development Career and Technical High School programs to provide information, education and resources to their instructors and the students through the T.E.A.C.H. Early Childhood® INDIANA project. Support for over three hundred students since 2017. The goal is to feed the workforce pipeline. Additionally, INAEYC Workforce Coordinators, a newly funded position with OECOSL, are collecting data via workforce profiles for all programs to obtain data that will help inform how we better meet the needs of professionals to improve the quality, diversity, stability and retention of early childhood professionals.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be 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 funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

- the knowledge and application of its early learning and developmental guidelines (where applicable);
- its health and safety standards (as described in section 5);
- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

The Lead Agency works closely with the Indiana Department of Education (IDOE) to create training and professional development that is aligned and supports educators with the implementation of the early learning and development guidelines, The Foundations. The Foundations training has been developed into an asynchronous training that can be taken on demand via Indiana Learning Paths. Additionally, there are two trainings specifically focusing on the Social Emotional and Approaches to Play and Learning content areas of The Foundations. In the State's quality rating and improvement system (QRIS), PTQ, all providers at a Level 2 or higher are required to take an orientation training on the Indiana Early Learning Foundations which includes training on how to utilize the Foundations as a resource for planning everyday learning experiences. Lastly, SPARK Learning Lab provides

professional development and coaching support when needed on the implementation of the Foundations.

There are currently **166** trainings on health and safety topics available on demand via Indiana Learning Paths. Additionally, Spark Learning Lab partners with OECOSL's Chief Nurse Consultant to offer "Ask-A-Nurse" sessions that provide content on relevant topics and opportunities to ask questions to deepen understanding of health and safety standards and best practices. There are 40 trainings on how to support a child's social and emotional development and mental health on Indiana Learning Paths.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

Indiana Learning Paths is an on-line training portal that is available to all providers in the state. Many of the trainings are available asynchronously. These on-line trainings as well as any face- to-face trainings, which are provided by SPARK Learning Lab staff, are available to all providers including any provider supported through an Indian tribe or tribal organization who receives CCDF funds.

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a) with limited English proficiency

The Lead Agency contracts with five (5) regionally based CCR&Rs to help with the recruitment of non-English speaking providers including cohort opportunities. The Lead Agency also contracts with SPARK Learning Lab to provide TA to non-English speaking providers. The local CCR&Rs market and recruit Spanish speaking individuals to the field by

posting flyers in highly settled Spanish Speaking populations and working through community agencies that service a high number of Spanish speaking providers. Several CCR&R's provide supports having Spanish Speaking Specialists to provide TA to assist the provider in filling out the licensing paperwork and submitting it to the state. Orientation 1 and 2 as well as Safe Sleep are provided to the program in Spanish. The Lead Agency contracts with INAEYC to provide services for providers whom English is not their first language. The Indiana Non-Formal CDA project and the T.E.A.C.H. Early Childhood® INDIANA project provide outreach and resources to providers for whom English is not their first language. Assistance is provided to review and translate transcripts, assist with educational counseling and securing of resources to support their continued professional development. The Lead Agency works closely with the communities to offer assistance to other non-English languages, in addition to Spanish, such as Burmese and Arabic. Additionally, mandatory trainings for child care providers will be translated into Spanish and available on the state's learning management system in Fall 2021. As a temporary measure until those are translated, they are being offered by two CCR&R's virtually on a weekly basis for emerging providers.

b) who have disabilities

The Lead Agency contracts with five (5) regionally based CCR&R as well as the CCR&RCO to help with the recruitment of providers. In addition, the Lead Agency contracts with INAEYC to provide services and support for those students with disabilities who wish to pursue professional development. This support consists of innovative, educational practices with the Indiana Non-Formal CDA project as well as innovative, educational practices in support of CDA classes via the T.E.A.C.H. Early Childhood® INDIANA project and attentive support by T.E.A.C.H. advisors through the T.E.A.C.H. Early Childhood ® INDIANA project. All OECOSL partners have submitted accessibility policies that outline how those with disabilities will access their supports and services.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care 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 developmental delays and

disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

The Lead Agency works closely with the communities to offer assistance to other non-English languages, in addition to Spanish, such as Burmese and Arabic. Providers can enroll and complete their CDA, associate, bachelor and master's degree in early childhood or family and consumer science via online, web-based delivery. Multiple higher education institutions in Indiana provide various methods of delivery to increase accessibility for providers - face-to-face, online, or hybrid (combination of face-to-face and online) in various locations outside the traditional campus locations. The Child Care Resource and Referral Central Office (CCR&RCO) also hosts an online training portal called Indiana Learning Paths that contains online professional development, both live and asynchronous. Indiana Learning Paths is available to everyone in the state, including Native American providers and those with developmental delays and disabilities. Providers receiving CCDF are required to have a minimum of twelve hours annually of professional development relative to the age of the children they are working with. All center directors are required to take training on inclusion which includes information on the ADA.

The Lead Agency contracts with the Indiana Association for the Education of Young Children (INAEYC) to administer the T.E.A.C.H. Early Childhood® INDIANA program, which provides funding in the form of scholarships and training opportunities to meet the various needs of child care providers. The Lead Agency also contracts with INAEYC to administer the Indiana Non-Formal CDA Project, another training program designed to assist early childhood professionals in meeting the requirements for achieving a national CDA credential from the Council for Professional Recognition. This program is available to all providers and is available to meet the needs of English Language Learners as they strive to obtain their CDA. The Lead Agency also funds professional development both online and through SPARK Learning Lab, that focuses on children of different age groups and different developmental levels, including developmental delays. Specifically, one quarter of professional development offerings that span age groups include the following offerings: sessions covering either 0 to 8 years or 0 to 12 years; sessions targeting Infant/Toddler; sessions targeting Preschool/PreK; sessions targeting School Age; sessions targeting inclusion; and sessions targeting administrators. Regarding those with developmental delays, there is a webinar offered monthly for Center directors: Introduction to Inclusive Child Care. In this introductory webinar, directors, and owners of centers, ministries, and homes will learn of basic strategies and resources for including all children. Participants will gain an

understanding of how to foster inclusive attitudes, practices, and policies in their program, initiate and lead collaborative relationships between staff and families as well as how to identify community resources to support all needs. Additionally, there are topics related to Inclusion available for SPARK Learning Lab to offer. Lastly, Spark Learning Lab creates quarterly training calendars to respond to the needs of programs and educators.

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

The Lead Agency, along with a cross sector group of early childhood professionals, has worked together to develop a statewide training module to assist providers in developing a plan for working with families and children who are homeless. The training module educates and assists providers in identifying families who are homeless and includes information on available state and community resources. Training includes directing families to local shelters as well as other programs and agencies in regards to housing, financial assistance, counseling and the child care assistance program. The training equips providers with the skills and techniques needed to adequately respond to the needs of homeless children. This training is a scripted train-the-trainer model to allow for a consistent message across the state. Participants will know how to identify families who are homeless. This training will discuss new state policy regarding CCDF eligibility. Providers will be able to support the social-emotional needs of children experiencing homelessness and resources will be shared. Training is provided to SPARK Learning Lab staff who train local providers on an ongoing basis. SPARK Learning Lab provides technical assistance to providers as needed. Throughout this plan period, we intend to reevaluate this training with our partners and the Education Leads Home initiative.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness

(connects to question 3.3.6).

This training is included in the annual conference on homelessness sponsored by Building Brighter Futures and is available to all McKinney-Vento liaisons to share with shelters and local stakeholders. Building Brighter Futures was developed in 2007 to address the increased emphasis placed on serving homeless families in Head Start. Through the years, representation on Building Brighter Futures has grown and now includes cross agency representation working on supporting the needs of homeless families and children across multiple sectors. This group provides a forum to share a variety of resources, information and opportunities available to meet the needs of families and children who are experiencing homelessness. Building Brighter Futures sponsors an annual conference to provide training for persons providing education and/or support to children and families experiencing homelessness. This conference also provides a forum for these agencies and individuals to meet and learn about each other and begin to plan together for their communities.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

- a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers business practices.

The Lead Agency is working with the National Center on Early Childhood Quality Assurance on a pilot program that offers business practices to providers in three different modules: Financial Management, Marketing and Recruiting and Retention. In addition, the University of Southern Indiana (USI), in cooperation with National Louis University, offers the online Director's credential - Aim4Excellence. This credential is embedded within the USI Early Childhood Bachelor's degree at no additional cost to the student and is also recommended for those who already have Bachelor's Degrees and are transitioning into the field of early childhood. Spark Learning Lab has also created a course in Indiana's learning management system to support strong business practices and sustainability. This has been required for all programs receiving Emergency Relief Grants which offer a 20% increase in CCDF as a part of the Lead Agency's utilization of the CRRSA Funds. Spark Learning Lab is also looking to revitalize the Strengthening

Business Practices Training for all provider types. The CCR&R's also work with emerging providers through training and various cohorts to emphasize the importance of sound business practices when opening child care programs to ensure viability and sustainability.

The Office of Early Childhood and Out-of-School Learning is one of twelve states participating in the ECE Business Collaboratory lead by First Children's Finance. The ECE Business Collaboratory is an innovative national collaboration to support state efforts to coordinate local child care systems. The Collaboratory has provided learning and convening opportunities, investment, and technical support for our state team made up of nonprofits, employers, funders, and child care businesses to work together. This support has allowed Indiana to address our states' child care business issues, share best practices and ideas with counterparts across the country, and begin to strategize how to implement effective, sustainable strategies to meet unique local needs of child care businesses. The Business Collaboratory will support our state and other states over the next 3-5 years.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

The Lead Agency contracts with Spark Learning Lab using CCDF Funds to develop, maintain and offer a wide number of opportunities for ongoing professional development. A calendar of offerings is posted monthly on the Spark Learning Lab website: <http://indianaspark.com/training-calendar/>. Spark Learning Lab also intentionally plans these trainings to meet the needs of programs, while also allowing space for any immediate needs that arise throughout the quarter. Additionally, there are a number of asynchronous trainings available on demand via Indiana Learning Paths.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

The Lead Agency contracts with Spark Learning Lab using CCDF funds to develop, maintain and offer a wide number of opportunities for ongoing professional development. A calendar of offerings is posted monthly on the Spark Learning Lab website: <http://indianaspark.com/training-calendar/>. Spark Learning Lab also intentionally plans these trainings to meet the needs of programs, while also allowing space for any immediate needs that arise throughout the quarter. Currently, there are over 12 trainings and 26 resources related to this topic on demand via Indiana Learning Paths and My Spark Learning Lab. Examples of these resources are a Challenging Behavior Toolkit and a trainings titled "Setting the Stage for Positive Behavior in School-Age Settings" and "Managing Challenging Behaviors in Child Care Settings".

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. 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. (98.53(a)(1)(iv)).

Describe the content and funding:

The Lead Agency contracts with Spark Learning Lab using CCDF funds to develop, maintain and offer a wide number of opportunities for ongoing professional

development. A calendar of offerings is posted monthly on the Spark Learning Lab website: <http://indianaspark.com/training-calendar/>. Spark Learning Lab also intentionally plans these trainings to meet the needs of programs, while also allowing space for any immediate needs that arise throughout the quarter. Currently, there are over 13 trainings and 19 resources related to this topic on demand via Indiana Learning Paths and My Spark Learning Lab. Examples of this include resources titled "10 Questions to Ask When You Disagree with a Family's Practice" and "Empowering Families through Partnerships" and a training titled "Creating Welcoming Environments for Families".

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

The Lead Agency contracts with Spark Learning Lab using CCDF funds to develop, maintain and offer a wide number of opportunities for ongoing professional development. A calendar of offerings is posted monthly on the Spark Learning Lab website: <http://indianaspark.com/training-calendar/>. Spark Learning Lab also intentionally plans these trainings to meet the needs of programs, while also allowing space for any immediate needs that arise throughout the quarter. Currently, there are over 40 trainings and 100 resources related to this topic on demand via Indiana Learning Paths and My Spark Learning Lab. Examples of this include trainings titled "Learning Environments for Early Childhood" and "Implementing a Quality Curriculum" and resources such as "Accessing Knowledge and Extending Learning".

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

The Lead Agency contracts with Spark Learning Lab using CCDF funds to develop, maintain and offer a wide number of opportunities for ongoing professional development. A calendar of offerings is posted monthly on the Spark Learning Lab website: <http://indianaspark.com/training-calendar/>. Spark Learning Lab also intentionally plans these trainings to meet the needs of programs, while also allowing space for any immediate needs that arise throughout the quarter. Currently, there are 9 trainings and 6 resources related to this topic on demand via Indiana Learning Paths and My Spark Learning Lab. Examples of this include a training called "It Takes a Village - Empowering Families through Strengthening Communities".

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii)).

Describe the content and funding:

The Lead Agency contracts with Spark Learning Lab using CCDF funds to develop,

maintain and offer a wide number of opportunities for ongoing professional development. A calendar of offerings is posted monthly on the Spark Learning Lab website: <http://indianaspark.com/training-calendar/>. Spark Learning Lab also intentionally plans these trainings to meet the needs of programs, while also allowing space for any immediate needs that arise throughout the quarter. Currently, there are 5 trainings and 53 resources related to this topic on demand via Indiana Learning Paths and My Spark Learning Lab. Examples of these include a training titled "Preparing for Program Assessment" and resources such as a Capacity Building Self Assessment Tool.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

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

Describe the content and funding:

The Lead Agency contracts with Spark Learning Lab using CCDF funds to develop, maintain and offer a wide number of opportunities for ongoing professional development. A calendar of offerings is posted monthly on the Spark Learning Lab website: <http://indianaspark.com/training-calendar/>. Spark Learning Lab also intentionally plans these trainings to meet the needs of programs, while also allowing space for any immediate needs that arise throughout the quarter. Currently, there are over 13 trainings and 19 resources related to this topic on demand via Indiana Learning Paths and My Spark Learning Lab. Examples of this include resources titled "Empowering Families through Partnerships" and a training titled "Creating Welcoming Environments for Families". Additionally, Spark Learning Lab is able to provide individualized intensive coaching through Tier 3 Coaching supports and services based on the program's specific needs.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

The Lead Agency contracts with Spark Learning Lab using CCDF funds to develop, maintain and offer a wide number of opportunities for ongoing professional development. A calendar of offerings is posted monthly on the Spark Learning Lab website: <http://indianaspark.com/training-calendar/>. Spark Learning Lab also intentionally plans these trainings to meet the needs of programs, while also allowing space for any immediate needs that arise throughout the quarter. Currently, there are 32 trainings and 17 resources related to this topic on demand via Indiana Learning Paths and My Spark Learning Lab. Examples of this include trainings titled "Creating Inclusive Environments" and "Understanding Your Role in Specialized Services" and resources to support children with autism.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

The Lead Agency contracts with Spark Learning Lab using CCDF funds to develop, maintain and offer a wide number of opportunities for ongoing professional

development. A calendar of offerings is posted monthly on the Spark Learning Lab website: <http://indianaspark.com/training-calendar/>. Spark Learning Lab also intentionally plans these trainings to meet the needs of programs, while also allowing space for any immediate needs that arise throughout the quarter. Currently, there are 8 trainings and 20 resources related to this topic on demand via Indiana Learning Paths and My Spark Learning Lab. Examples of this include a training titled "Helping School-Age Children Express Their Feelings" and resources such as "How to Create an Afterschool Lesson Plan; Examples and Ideas". Additionally, the Indiana After School Network provides training via the IAN My Afterschool Locker. While this is not funded by OECOSL, this online resource supports school age programs in strengthening program quality.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

The Lead Agency contracts with Spark Learning Lab using CCDF funds to develop, maintain and offer a wide number of opportunities for ongoing professional development. A calendar of offerings is posted monthly on the Spark Learning Lab website: <http://indianaspark.com/training-calendar/>. Spark Learning Lab also intentionally plans these trainings to meet the needs of programs, while also allowing space for any immediate needs that arise throughout the quarter. Throughout the COVID-19 Pandemic, it became evident that programs needed support with business management practices. Spark Learning Lab responded quickly to develop trainings and resources to support programs. This includes 13 trainings and 44 resources. Examples of this include a collection of resources titled "Fundamentals to Business Sustainability" which is required for all CCDF programs to complete in the Summer of 2021. Examples of resources provided include

"Creating an Intentional Budget" and a Financial Self-Assessment and Action Plan.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)

iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

In-home care (care in the child's own home)

iv. Other.

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

In-home care (care in the child's own home)

Describe:

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency uses information related to the state's QRIS, Paths to Quality (PTQ), to determine if quality improvement efforts have been successful. OECOSL monitors the non-compliances during PTQ rating visits to determine if there are any trends that indicate additional supports or services are needed. Additionally, OECOSL contracts with Spark Learning Lab to provide technical assistance to providers. Measurable indicators of progress include the number of level advancements, PTQ enrollment, and the number of programs who complete quality improvement plans within the agreed upon timeframe. OECOSL continues to monitor the inventory of resources and supports available to programs including a content dashboard and quarterly training calendars.

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to 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, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The rationale sections for the content areas within the Early Learning Foundations describe and outline the research and information that supported the development of the Foundations. Below is an example from the English Language Arts Content Area:

"Research shows that children with foundational skills with print, books, the purposes of writing, listening, and speaking will be more ready to benefit from reading instruction in school, will learn to read sooner, and will be better readers than children with fewer of these skills (NELP, 2008; Whitehurst & Longman, 1998)."

ii. Developmentally appropriate.

Research recognizes early learning as a comprehensive system, birth to age eight (third grade). During this crucial period of development, the foundations for future success are laid out. Strengthening the alignment between the birth to age five system and the Kindergarten to third grade system ensures children develop solid fundamentals in literacy, math, social emotional skills, as well as strong engagement

in learning (The Pre-K Coalition Policy Brief, 2011). This approach allows for developmentally appropriate teaching at all age levels and leads to positive student outcomes. Embracing this continuum:

- Provides equitable access and opportunity for all children
- Minimizes achievement gaps
- Maximizes individual pathways
- Provides continuity for children and families
- Engages families in children's learning and development

iii. Culturally and linguistically appropriate.

In order to meet the language needs of Dual Language Learners (DLL), Indiana has adopted the WIDA Early English Language Development Standards (E-ELD). These standards are specifically designed to help support the unique needs of DLLs, ages 2.5 - 5.5 years, who are in the process of learning more than one language prior to Kindergarten entry. By utilizing these standards alongside the Foundations, a quality program honors the children's home languages, embraces dual language development, promotes family and community engagement, and builds partnerships to support young, Dual Language Learners.

iv. Aligned with kindergarten entry.

Indiana's early learning development framework, the Foundations, is aligned to the 2014 Indiana Academic Standards and Indiana's Social Emotional Competencies for PK-12. This framework provides core foundations and skills that children are to achieve at various stages, including all children birth to kindergarten entry. The 2015 Foundations core document was developed for use in all types of early childhood programs. The 2015 revision of the Foundations specifically addresses two special populations - Dual Language Learners and Exceptional Learners. In order to provide high-quality, equitable early learning experiences, it is important to provide a responsive environment along with linguistically and culturally relevant instruction that allows all children birth to kindergarten entry and beyond to progress within the classroom. The Foundations include the following content areas: English/language arts, mathematics, social emotional skills, approaches to play and learning, science, social studies, creative arts, and physical health and growth. By outlining specific topics and indicators in each of these content areas, the Foundations support teachers, parents, caregivers, and other professional personnel as they develop

appropriate experiences for all young children birth to kindergarten entry and beyond.

v. Appropriate for all children from birth to kindergarten entry.

The Indiana Early Learning Foundations are aligned to the Indiana Academic Standards and Social Emotional Competencies. Developmental stages included in the Foundations are infant, younger toddler, older toddler, younger preschool and older preschool. These ranges also encourage educators to consider that children develop at their own pace.

vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

Indiana's Early Learning Foundations are maintained by the Indiana Department of Education. The 2021 review of the Foundations will be completed in consultation with the Lead Agency and other partners. The Foundations are implemented and utilized by the training and technical assistance system, professional development system, and used to provide consumer education to families.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

English Language Arts, Mathematics, Social Studies and Science are content areas within Indiana's Early Learning Foundations.

ii. Social development.

The Social Emotional Content Area is located within Indiana's Early Learning Foundations.

iii. Emotional development.

The Social Emotional Content Area is located within Indiana's Early Learning Foundations.

iv. Physical development.

The Physical Health and Growth Content Area is located within Indiana's Early Learning Foundations and includes both fine and gross motor development.

v. **Approaches toward learning.**

The Approaches to Play and Learning Content Area is located within Indiana's Early Learning Foundations.

vi. **Describe how other optional domains are included, if any:**

The Creative Arts Content Area is located within Indiana's Early Learning Foundations.

c. **Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.**

Indiana's Early Learning Foundations will be updated as needed and are reviewed consistently by the Indiana Department of Education and the Lead Agency. These guidelines were first produced in 2002 with content for children from birth to age three added in 2004 and 2006, and they were revised in 2015. In 2021, the Foundations will be reviewed to reflect alignment with the current Indiana Academic standards and recently created Social Emotional Competencies for PK-12. These Foundations focus on the needs of all children birth to kindergarten entry and beyond.

d. **If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.**

The Lead Agency works closely with SPARK Learning Lab, the Indiana Department of Education, and local, regional and statewide out-of-school time organizations to support the adoption, implementation and continued improvement of state out-of-school standards. Additionally, OECOSL has joined a workgroup facilitated by the Indiana Afterschool Network that includes IDOE (specifically the team who facilitates the 21st Century Community Learning Centers Program) as well as out-of-school time providers. This group aims to work towards improving quality and access for out-of-school time programs.

e. **Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.**

<http://www.doe.in.gov/sites/default/files/earlylearning/foundations-2015-august-12.pdf>

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The Early Learning Foundations include the following content areas: English/language arts, mathematics, social emotional skills, approaches to play and learning, science, social studies, creative arts, and physical health and growth. By outlining specific topics and indicators in each of these content areas, the Foundations support teachers, parents, caregivers, and other professional personnel as they develop appropriate experiences for young children. The primary audience for this framework is early childhood educators, program directors, school administrators, and college and university faculty. This core document was developed for use in all types of early childhood programs for all children birth to kindergarten entry. The Foundations show early educators the developmental progression that typically developing young children should experience as they grow toward kindergarten readiness. Understanding the developmental progression gives early educators the ability to differentiate instruction and experiences to advance each child's development and learning. Training on the Early Learning Foundations are a requirement for QRIS participation and are embedded into TA supports and professional development.

6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

The Lead Agency administers the QRIS which assesses annually the level of quality for participating programs. OECOSL defines high quality as advancing to or maintaining Level 3 or 4 in the system. These levels include standards related to incorporating Indiana's Early Learning Foundations into lesson planning and implementation of a curriculum. OECOSL continuously monitors the number of high quality programs as well as several partners including the CCR&R's and Spark Learning Lab. Additionally, Spark Learning Lab has performance measures tied to program participation and level advancement in PTQ.

Since 2014, Indiana has increased the number of high-quality rated early care and education programs by over 80%. As of the ELAC 2020 annual report, 60% of all known early care and education programs participate in Paths to QUALITY, and more than 700 have achieved high quality—Level 3 or Level 4—since 2014. Children enrolled in a Paths to QUALITY program Level 3 or Level 4 has increased about 44% since 2014. These measures are reported annually in the ELAC report and is an additional way in which Indiana measures success of this investment.

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing 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, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

The Lead Agency requiresthat contracted partner Spark Learning Lab complete a professional development needs assessment. This information is shared with all partners and informs professional development planning efforts across the system. In addition, targeted professional development services are offered to providers through Spark Learning Lab and the online professional development platform. Finally, the Lead Agency has partnered with a higher education research group to explore the impact of professional development delivered by social media contacts. The Indiana Self-Assessment Tool (I-SAT) is a program-level assessment for early childhood education and care programs in the state of Indiana.

The I-SAT comprises seven (7) standards with a total of 50 quality items utilizing a rubric-

based developmental continuum that offers a roadmap for advancing program quality from “Beginning” to “Excelling”. The I-SAT quality continuum includes specific behaviors, benchmarks, and ultimately a scope and sequence a program can utilize to improve quality. There are four (4) versions of the I-SAT, one for each program type (Center-Based, Family Child Care Homes, Ministries, School-Based) with questions tailored for each. The I-SAT can be completed at any time and as many times as a program’s unique needs shift and are reprioritized. The Indiana Self-Assessment Tools has been available in the state of Indiana since April 2020 and has been completed 316 times in the first year (April 2020-March 2021), including completions by all four program types (homes, centers, ministries, and school-based). This data is also used to identify program needs to determine the level of technical assistance and resources needed.

Lastly, as a part of their work around data collection and analysis, the CCR&R's complete and analyze data from the following annual surveys:

1. Family Survey
2. Program Survey, including:
 1. CCR&R helpfulness
 2. CCR&R service quality
 3. Usefulness of CCR&R outreach methods such as newsletters, social media etc.
3. Early Childhood Program Directors Survey
4. Evaluation of Early Childhood Care and Education Training and Needs Survey
5. Community Stakeholder Survey
6. Employer Survey

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

The Office of Early Childhood and Out of School Learning (OECOSL) has identified the following findings per an analysis of the needs assessments.

- Providers are, for the most part, available for trainings in the early evenings and on Saturday mornings
- They are comfortable utilizing technology to access trainings though they appreciate face-to-face, small group opportunities

Providers are interested in trainings around the following topics:

- Child abuse and neglect
- Indiana Early Learning foundations

- Developmental milestones
- Active/outdoor play
- Emotional needs
- Positive social behaviors
- Supporting students with disabilities
- Health practices
- School readiness
- Targeted curriculum

The OECOSL's over-arching goals for quality improvement include the following: 1) offering convenient training opportunities via technology and at requested times, 2) offering social and emotional support training opportunities that allow educators to meet the needs of the children in their care, 3) offering school readiness training opportunities that assist children in succeeding in school, and 4) offering training opportunities that focus on healthy living for children. Additionally, throughout the COVID-19 Pandemic, Spark Learning Lab provided training and resources related to COVID-19. OECOSL also identified that there was a need for business support and training. Spark Learning Lab responded quickly and created a collection of training and resources to promote business sustainability.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

The Head Start Collaboration Office within the Lead Agency offers various training and professional development opportunities for the early childhood education workforce within the State of Indiana.

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

The Indiana Department of Education also provides support for the development and maintenance of Indiana's Early Learning Foundations.

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

OECOSL Paths to QUALITY(PTQ)is a tiered QRIS system for assessing and improving the quality of early childhood programs. PTQ is a tiered quality program that encompasses 4 levels.

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

- i CCDF funds
- ii. State general funds

Other funds. Describe:

The state of Indiana's pre-k program, On My Way Pre-k, has engaged in a longitudinal study with Purdue University to assess student growth and achievement for children participating in the program.

- h. Accreditation Support (Related Section: 7.8). Check all that apply.

- i CCDF funds
- ii. State general funds

Other funds. Describe:

The Lead Agency utilizes state funded On My Way Pre-K Dollars to support accreditation scholarships for On My Way Pre-k sites.

- i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

- i CCDF funds
- ii. State general funds

Other funds. Describe:

- j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

- i CCDF funds
- ii. State general funds

Other funds. Describe:

The Lead Agency utilizes State funded On My Way Pre-k dollars. This program is aimed at preparing children from low income households for successful entry into kindergarten. On My Way Pre-k providers participate in the top two levels of the State's QRIS system.

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

The Lead Agency administers the statewide QRIS - Paths to QUALITY™. Support is provided by the CCRRCO to facilitate QRIS incentives. Additionally, rating visits for the QRIS are completed by the OECOSL contractor TCC and then submitted to the Lead Agency for approval. Lastly, Spark Learning Lab provides support to programs by providing technical assistance and resources for PTQ enrollment, maintenance,

and advancement. Information on the states QRIS can be found at <https://www.in.gov/fssa/pathstoquality/>.

d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available. N/A

e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.

N/A

7.3.2 Indicate how providers participate in the state or territory's QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

Participation is voluntary

Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

N/A

Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS or another system of quality improvement? Check all that apply.

i. Licensed child care centers

ii. Licensed family child care homes

- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

N/A

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

The standards for the QRIS system were established by setting: Licensed Child Care Centers, Licensed Child Care Homes, Unlicensed Registered Ministries, and Preschool Classrooms in Public and Private Schools. The standards in each level builds on the standards from the previous level, resulting in quality improvement at each stage. Any program that is regulated by the Lead Agency can enter PTQ (QRIS) at level 1. Level 2 & 3 standards were created with the auspice of the program in mind and accrediting bodies have been selected that match the various program types that exist in Indiana.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered

quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

No

Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .

b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

d. Programs that meet all or part of state/territory school-age quality standards.

e. Other.

Describe:

N/A

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

No

Yes. If yes, check any links between the state/territory's quality standards and licensing requirements

a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

- b. Embeds licensing into the QRIS
- c. State/territory license is a "rated" license
- d. Other.

Describe:

N/A

7.3.5 Does the state/territory provide 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 that are provided through the QRIS or another system of quality improvement.

No

Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

N/A

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The OECOSL has performance measures outlined in the contracts for both the CCR&Rs and SPARK Learning Lab with payment withhold attached related to measurable indicators of

progress relevant to this use of funds that the state uses in order evaluate its progress in improving the quality of child care programs and services within the state. Each agency is held responsible to show improvement in increasing the number of early childhood programs available within each county and by type (i.e. child care home, center etc.) and quality level to ensure sufficient supply of early childhood care and education options for children and families. Each contract has potential financial penalties and corrective action procedures outlined to ensure that goals are met throughout the life of the contract and that communities and family needs are met. The CCRRs also provide an annual report that discusses the supply, demand, quality, and cost of care in each service delivery area. Through the State of Early Learning Access report, new methodology was developed which attempts to both qualify and quantify access throughout the state. In discussing access herein, this report will move away from viewing it as simply a supply and demand equation, and layer in the additional components of quality, affordability, and choice. Combined, these four elements viewed in context with one another offer a more robust indicator of access.

The CCDF Administrator from the Lead Agency is a member of the Early Learning Advisory Committee (ELAC) which produces an annual report on the quality of care being delivered as well as access to care. This annual report can be found at

<http://www.elacindiana.org/data/annual-reports/>. OECOSL has also partnered with Early Learning Indiana to develop enhanced county dashboards that allow community members and OECOSL to look at data related to the quality of care being delivered as well as accessibility issues by county.

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

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, 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, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that 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 and check which of the activities are available to each provider type.

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

The Lead Agency will be working with Early Intervention (Part C) services to strengthen partnerships between direct service providers and community based child care programs. We anticipate that these relationships will be mutually beneficial and support not only the child served but others within the child care program (educators, children, families, etc.).

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

The Lead Agency partners with Early Learning Indiana (ELI) and local Child Care Resource and Referral (CCR&R) Agencies on a Quality Improvement Campaign to create and maintain Family Child Care Cohorts across the state. The CCR&R agencies provide meaningful professional development experiences to enhance the quality of family childcare networks in their region. The goal is to support eight (8) to

twelve (12) Family Child Care Providers, per region, as they work to advance towards the obtainment of a CDA credential and move through the levels of PTQ. Through private partnerships, the cohorts will receive financial incentives and support in coordination with Early Learning Indiana. This type of support has created a successful professional development environment model that can be duplicated and will improve quality, knowledge-base, compensation, and retention. SPARK Learning Lab has a specific focus on building and expanding upon this work with the Town Square Indiana which is an online environment designed for family child care home programs and their unique challenges. Town Square is an opportunity to share with and support other home-based early education professionals, with the support of a coach, and build skills towards building quality family child care networks through professional development and learning.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

The Lead Agency hosted a training for trainers that focused on the six essential program practices for infants and toddlers. This training for trainers will provided support for trainers to develop training on each of the six essential policies for relationship-based care (Primary Care, Small Groups, Continuity of Care, Individualized Care, Culturally Sensitive Care, and Inclusion) to Child Care and Head Start programs. This training was open to Head Start and Early Head Start, as well as CCR&R infant toddler specialists. Infancy Onward also provides access to the Infant/Toddler Mental Health Endorsement and to validate the experience of providers who focus on Infants and Toddler care. Lastly, Spark Learning Lab has created and published 16 trainings, 38 resources, and 1 support article specific to Infants and Toddlers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

Spark Learning Lab has a statewide Infant and Toddler specialist who provides direct support to coaches who are providing varying levels of technical assistance to programs. This specialist also creates content such as trainings and resources that can be accessed via Indiana's learning management system or delivered face to face or via live webinar. This ensures that all coaches are able to provide support related to infant and toddler care. Infancy Onward also provides training and reflective supervision for endorsed providers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

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

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, 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, including any

partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that 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 and check which of the activities are available to each provider type.

- e. 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:

Child care providers who experience concerns with the development of an Infant or Toddler can refer the parents to First Steps, Indiana's Early Intervention Agency. Early Intervention Specialists can perform a complete evaluation on the child and work with the parents to develop an Individualized Family Service Plan (IFSP). As part of an IFSP, a family can request for an Early Intervention Specialist to provide services to the infant or toddler at their provider. These services can include training and technical assistance for the child care provider to support the Intervention Specialist in meeting the IFSP goals for the child and family. Child care providers also have access to training on how to engage with those providing specialized services to young children in their programs on Indiana Learning Paths. OECOSL will be prioritizing building relationships between community based child care providers and early intervention services.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

Indiana has specific Infant Toddler indicators for each standard at each level of PTQ, the State's QRIS. Examples of these indicators include:

- Infants are given one-to-one attention during feeding and diapering
- Caregivers engage in many one-to-one, face-to-face interactions with infants/toddlers, including singing and playful interactions
- Individual napping schedules are respected for infants/toddlers
- Teachers respond to sounds/speech, including by imitating infants' vocalization and engaging toddlers in conversation

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

The Indiana Early Learning Foundations are Indiana's early learning development framework and are aligned to the 2014 Indiana Academic Standards. This framework provides core elements that children should achieve from birth to age five in order to be ready for future success. The Foundations create common language and expectations for the early childhood field. Currently, there are developmental stages outlined for infants, younger toddlers, and older toddlers. These will be updated in the Fall of 2021, but we anticipate these developmental stages will remain.

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home care (care in the child's own home)

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

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, 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, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that 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 and check which of the activities are available to each provider type.

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

All families that are seeking care for their infant or toddler have access to an enhanced referral process through Child Care Resource and Referral (CCR&R).

Through this process the Family Engagement specialists provide one on one support to assist families in understanding what high quality child care for infants and toddlers looks like. Families with infants/toddlers receive referrals to programs that meet their unique needs and the Family Engagement Specialist is available throughout the process to answer all of their questions to help them find a good fit for their child.

The Lead Agency also utilizes websites for consumer education.

www.childcarefinder.in.gov provides health and safety information for all providers (including providers who serve infants and toddlers), licensing and regulatory requirements, inspection reports and any validated complaints. It also includes information about the PTQ Standards. There are many standards specific to the high quality care of infants and toddlers, and all standards are transparent and available to the public on Indiana's regulatory website. The Brighter Futures Indiana Campaign (<http://brighterfuturesindiana.org/>) provides information for consumers specific to Infants and toddlers. There are many resources available to families, including but not limited to, information around developmental screening, new research around infant and toddler care and development, Indiana's Early Learning foundations, and quality indicators for infant and toddler care.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

Infancy Onward provides support for infant and toddler mental health endorsement. Additionally, they provide professional development and reflective supervision for endorsed providers in addition to supporting professionals obtain these endorsements.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

k. Coordinating with child care health consultants.

Describe:

Licensing does require Centers to connect with a health consultant in their community. This person must sign the Health Program for ages 2+ as well as the infant and toddler supplement.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

l. Coordinating with mental health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

As a result of the COVID-19 Pandemic, OECOSL has started to collect bi-weekly data around enrollment, capacity, and workforce needs across the state. Additionally, vacancy checks may be completed by the CCR&R staff as a part of an enhanced referral or individualized family supports.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

n. Other.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

Progress is being measured by analyzing the increase of infant/toddler seats throughout the state as well as the number of high quality infant/toddler seats throughout the state. The CCRRs report on this information monthly and also create an annual report that reflects the supply, demand, and quality available in that service delivery area. Some programs that improved their level of quality in order to participate in On My Way Pre-K also serve infants and toddlers. Additionally, the Lead Agency along with its partners, adopted statewide goals around reducing safe sleep violations in 2018. As a result of this goal, significant increases in referrals from OECOSL licensing staff to Spark Learning Lab occurred which resulted in increased technical assistance to programs that demonstrated a lack of compliance with Safe Sleep Practices. Due to this increased awareness and focus on safety, Indiana's General Assembly passed SEA 187 mandating that OECOSL impose a series of fines for providers who demonstrate ongoing noncompliance with Safe Sleep Practices. OECOSL will be able to track data regarding these fines and the number of noncompliances that were able to be systemically corrected as a result of this intervention. Additionally, Spark Learning Lab provides intensive technical assistance including the creation of a Quality Improvement Plan for those with safe sleep violations identified by a referral from the licensing consultant. SPARK Learning Lab has determined goals and performance measures related to decreasing the number of safe sleep violations, and increasing the number of programs that participate in Quality Improvement Planning as a result of safe sleep violations. SPARK Learning Lab addresses these goals by providing targeted technical assistance and by creating resources and guidance to support programs in providing safe sleep environments. Additionally, data from the Indiana Self Assessment Tool (I-SAT) can be used to track

program goals and progress. The I-SAT comprises seven (7) standards with a total of 50 quality items utilizing a rubric-based developmental continuum that offers a roadmap for advancing program quality from “Beginning” to “Excelling”. These indicators include infant and toddler specific standards. The I-SAT quality continuum includes specific behaviors, benchmarks, and ultimately a scope and sequence a program can utilize to improve quality. There are four (4) versions of the I-SAT, one for each program type (Center-Based, Family Child Care Homes, Ministries, School-Based) with questions tailored for each. The I-SAT can be completed at any time and as many times as a program’s unique needs shift and are reprioritized.

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

The overall function of each local CCR&R agency is to provide family and community outreach conducting consumer education activities, including family referrals and community based outreach; building community based collaborative partnerships that support the State's vision and priority areas; collecting data pertinent to Early Childhood Education (ECE) and Out-of-School Time (OST) programs in Indiana; and participating in activities related to increasing the quality, affordability and accessibility of ECE and OST programs.

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care

programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency will utilize a Coordinating Network for the CCR&R program. The Coordinating Network will provide guidance to local CCR&Rs on how to complete assessments, synthesize data and make service provision more consistent. The CCRRO will provide training, technical assistance and other support for the State's CCR&R system as well as be responsible for state-level data collection, analysis, and dissemination on early childhood care and education supply and demand, cost and quality, and CCR&R activities and services. As the Coordinating Network, CCRRO will support statewide programs and systems, such as: centralized early childhood consumer education and referral services, professional development and workforce registries and the online training platform. The 4 core services of the CCR&Rs are:

- Parent Education and Referral Support
 - The CCR&R shall perform Parent Education and Referral Support services as a core local CCR&R responsibility. This service category focuses on providing families with information about the different types of early childhood care and education available that would meet their specific needs, access information about the characteristics of a quality early childhood program and receive information about other community resources.
- Program Services
 - The CCR&R shall perform Program Services as a core local CCR&R responsibility. This service category focuses on supporting early childhood programs, assistance with starting the business of a child care or family child care home, training on Indiana state licensing requirements, and recommendations for operating a quality early childhood program.
- Public Awareness and Engagement
 - The CCR&R shall perform Public Awareness and Engagement services as a core local CCR&R responsibility. This service category focuses on promoting awareness of local CCR&R services and providing community members and organizations with information about the supply and demand for early childhood care and education, including information on the types of programs available, the types of programs parents are asking for, and the gaps between the two.
- Data Collection and Assessment
 - The CCR&R shall perform Data Collection and Assessment duties as part of their local CCR&R agency responsibilities. This responsibility category focuses on ensuring that all relevant performance data and information on families, programs, community organizations, and the local CCR&R agency itself is collected, utilized, and stored for quality improvement and monitoring purposes.

Each CCR&R is held accountable to these outcomes through monthly contract monitoring teleconferences between the Lead Agency and CCR&RCO. The local agency is responsible for ensuring correct data entry prior to these monitoring calls. Each outcome measure is discussed in coordination with the accompanying data. The lead

agency has identified metrics to use to track CCR&R performance and adherence to the requirements of the Contract. These performance measures shall be tracked over the course of the Contract. Should the CCR&R fail to meet any of the performance measures, the lead agency may enforce corrective actions and monetary withholds as outlined in the agreements. CCR&Rs will be measured on the following long term outcome indicators:

In order to ensure that the Parent Education and Referral Support key responsibilities are met, these long term outcome indicators shall be used as a way to measure successful delivery of services:

1. Increased parental satisfaction with the supports and services provided by the local CCR&R agency.
2. Improved parental knowledge of characteristics of high quality early childhood care and education after contact with the local CCR&R agency.
3. Increased support of parents' employment, education, or related experiences through early childhood care and education.
4. Decreased limitation of parents' employment, education, or related experiences due to quality, affordability, scheduling, stability or other early childhood care and education issues.
5. Increased family satisfaction with the early education system and access to needed supports.
6. Increased family self-sufficiency and ability to achieve personal goals related to access to high quality care and education.
7. Decreased number of early childhood care and education settings used by a specific child within the past two years, supporting greater child development and continuity of care and education.

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

The OECOSL utilizes CCDF quality funding to support the licensing consultants to facilitate monitoring of early education programs. The work of the licensing consultant is twofold, first is to ensure that providers demonstrate compliance with all state and federal requirements and second to provide technical assistance and referrals to more intensive technical assistance to support the provider in rectifying deficiencies. Training is provided at many levels for early education providers. Currently Indiana Learning Paths is the platform utilized to support research-based training for providers state-wide. In addition, Spark Learning Lab provides face-to-face trainings and creates asynchronous opportunities to accommodate adult learning theory and practice. Additionally, in partnership with Spark Learning Lab, opportunities and resources are made available for programs to ask questions related to compliance with health and safety standards in both cohort opportunities and training opportunities. For example, Spark has hosted "Ask-A-Nurse" sessions with the Lead Agency's Chief Nurse Consultant on various topics which have included COVID-19 related content. Additionally, licensing consultants have worked with Spark Learning Lab to support cohort learning and other training opportunities.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No

Yes. If yes, which types of providers can access this financial assistance?

Licensed CCDF providers

Licensed non-CCDF providers

- License-exempt CCDF providers
- Other

Describe:

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency produces monthly licensing reports that track compliance data such as monthly and year-to-date numbers of providers with licensing non-compliances, probationary licenses, validated complaint information, and enforcement actions. The Lead Agency looks for trends in reports showing a decline in complaints and enforcement actions as a result of our strategies used for continuous quality improvement. Onsite licensing inspections include, but are not limited to, monitoring of training and health & safety requirements. The Lead Agency surveys providers frequently to measure the effectiveness of monitoring and technical assistance. Baseline data from these surveys was collected in the 2019-2020 FFY and will be monitored throughout this plan period. Additionally, OECOSL will continue to monitor non-compliances and follow up surveys through the state's QRIS as well as data from the Spark Learning Lab Help Desk and Brighter Futures Solution Center to determine additional supports and services to improve program quality.

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

The Lead Agency measures the quality of a program by its rating. The Lead Agency's QRIS is composed of four levels and uses a block rating structure. Ratings are based on four categories:

- 1), Health & Safety
- 2) Program Administration,
- 3) Environment and Instruction, and
- 4) Accreditation.

Program evaluations are done yearly and used to develop a program improvement plans. Improvements and other data are tracked by CCIS (Child Care Information System), a web-based, system that is integrated with licensing and the subsidy system to collect data pertaining to rating, coaching, technical assistance, case management financial incentives, observational scores and more. The tool that is used to conduct these ratings is a state developed tool that is based on the state's PTQ/QRIS Standards used, and providers must achieve a rating with a specific score in order to attain a level rating. Ratings are given based on PTQ Standards, and raters utilize a manual that indicates standards and the PTQ requirements.

There are three levels of support offered to programs (teachers, classroom, provider improvements) include:

- Tier 1 - Universal supports accessed by the program through MySparkLearning Lab and Indiana Learning Paths
- Tier 2 - Cohort opportunities on various topics (e.g. Accreditation, Voluntary Certification Program, etc.)
- Tier 3 - Intensive Coaching

Tier 2 and Tier 3 technical assistance can be accessed by taking the I-SAT. Tier 3 coaching may also be assigned as a result of a referral from the OECOSL Licensing Team.

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency establishes PTQ provider advancement and level maintenance goals to measure progress in improving program quality. Programs participating in the QRIS at levels 2, 3 and 4 are rated annually by independent raters who assess program compliance with the quality indicators including health and safety. The number of insufficiencies is tracked in the monthly rating summary data reports, and programs receive follow-up technical assistance to address any insufficiencies. Trend data is monitored to evaluate progress over time and to help focus technical assistance needs within the system. In addition, the Lead Agency utilizes multiple progress indicators through its monitoring system, CCIS. Measurable indicators are reported and logged into CCIS, and those indicators include but are not limited to the following:

- Professional development and education qualifications and trainings
- Program administration
- Management and leadership trainings
- Environment and instruction qualifications via ratios
- Group sizes
- Health and safety
- Curriculum
- Child assessment
- Environment assessments
- Interaction measurements
- Provisions for children with special needs
- National accreditation.

7.8 Accreditation Support

7.8.1 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?

a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

The Lead Agency has integrated accreditation supports state-wide via the QRIS Level

4. There are several approved accreditation organizations:

- Council on Accreditation- Child and Youth Development (COA-CYD),
- National Association for the Education of Young Children (NAEYC),
- National Association for Family Child Care (NAFCC),
- National Early Childhood Program Accreditation (NECPA),
- Association of Christian Schools International (ACSI),
- Cognia/AdvancED

Accreditation supports are built into the technical assistance provided and resources created by Spark Learning Lab. Often times, this occurs in partnership with Indiana AEYC (INAEYC). Spark provides individualized support and also small group cohorts for programs pursuing accreditation. INAEYC also provides scholarships to programs pursuing initial accreditation and renewals. Once a program achieves national accreditation, they are able to attain the highest level of quality in the QRIS. There is also tiered funding that allows for providers who increase their levels within the QRIS receive higher reimbursement rates based on this tiered system.

b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

i. Focused on child care centers

Describe:

ii. Focused on family child care homes

Describe:

e. No, but the state/territory is in the in the development phase of supporting accreditation.

i. Focused on child care centers

Describe:

ii. Focused on family child care homes

Describe:

f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency establishes PTQ provider advancement and level maintenance goals to measure progress in improving program quality. Programs participating in the QRIS at levels 2, 3 and 4 are rated annually by independent raters who assess program compliance with the quality indicators including health and safety. The number of insufficiencies is tracked in the monthly rating summary data reports, and programs receive follow-up technical assistance to address any insufficiencies. Trend data is monitored to evaluate progress over time and to help focus technical assistance needs within the system. In addition, the Lead Agency utilizes multiple progress indicators through its monitoring system, CCIS.

Measurable indicators are reported and logged into CCIS, and those indicators include but are not limited to the following:

- Professional development and education qualifications and trainings
- Program administration
- Management and leadership trainings
- Environment and instruction qualifications via ratios
- Groups sizes
- Health and safety
- Curriculum
- Child assessment
- Environment assessments
- Interaction measurements
- Provisions for children with special needs
- National accreditation.

The data in the Lead Agency's system clearly indicates an increase in PTQ enrolled providers and an increase in level attainment within PTQ.

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

There are 37 infant and toddler quality items on the I-SAT including Positive Relationships with Infants and Toddlers, Classroom Arrangement for Infants & Toddlers, and Curriculum & Lesson Planning.

b. Preschoolers

There are 32 preschool quality items on the I-SAT including Small Motor Manipulative Materials & Development, Positive Guidance, and Using Child Authentic Assessment Data.

c. and/or School-age children.

There are 33 quality items on the I-SAT specific to school age children including

Supervision, Reading Materials & Development, and Approaches to Play & Learning. Additionally, the Indiana After School Network maintains the Indiana Quality Program Self-Assessment (IN-QPSA) which can be accessed at no cost to school age programs to drive continuous quality improvement.

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Trend data is monitored to evaluate progress over time and to help focus technical assistance needs within the system. In addition, the Lead Agency utilizes multiple progress indicators through its monitoring system, CCIS. Measurable indicators are reported and logged into CCIS, and those indicators include but are not limited to the following: professional development and education qualifications and trainings; program administration, management and leadership trainings, environment and instruction qualifications via ratios, groups sizes, health and safety, curriculum, child assessment, environment assessments, interaction measurements and provisions for children with special needs as well as accreditation. The data in the Lead Agency's system clearly indicates an increase in PTQ enrolled providers and an increase in level attainment within PTQ. Additionally, the On My Way Pre-K evaluation, being conducted by Purdue University, is a longitudinal study which will follow the children through third grade and provide rich data on child outcomes and growth. Additionally, data from the Indiana Self Assessment Tool (I-SAT) can be used to track program goals and progress. The I-SAT comprises seven (7) standards with a total of 50 quality items utilizing a rubric-based developmental continuum that offers a roadmap for advancing program quality from "Beginning" to "Excelling". The I-SAT quality continuum includes specific behaviors, benchmarks, and ultimately a scope and sequence a program can utilize to improve quality. There are four (4) versions of the I-SAT, one for each program type (Center-Based, Family Child Care Homes, Ministries, School-Based) with questions tailored for each.

The I-SAT can be completed at any time and as many times as a program's unique needs shift and are reprioritized.

The Indiana Self-Assessment Tools has been available in the state of Indiana since April 2020 and has been completed 316 times in the first year (April 2020-March 2021), including

completions by all four program types (homes, centers, ministries, and school-based). Our goal will be to increase participation across all four program types.

Additionally, IAN maintains the Indiana Quality Program Self-Assessment (IN-QPSA) which is an online strengths-based self-assessment tool that enables youth programs to rate their performance based on the Indiana Afterschool Standards and Specialty Standards. The IN-QPSA can help OST programs:

- Identify and understand the factors that support or inhibit top performance
- Use data to drive decisions.
- Take action and make positive changes.
- Continue to grow, learn and improve.
- Maximize positive impact for staff, youth, families and community partners.

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

In addition to the above noted program monitoring indicators, Indiana's state-funded pre-K pilot program, On My Way Pre-K, has expanded the enrollment of low-income four year-old children in high-quality early childhood settings in all counties. Children enrolled in this program will now have an opportunity to both attend pre-K and be better prepared for kindergarten. This program requires services through a mixed delivery system which includes public schools and licensed or registered child care providers who have achieved a Level 3 or Level 4 in PTQ. Accredited private schools are also eligible to participate in the On My Way Pre-K program. Approved programs are monitored and rated yearly through our PTQ system. The pre-K program have expanded the number of high quality Level 3 and Level 4 programs in Indiana and, as a result, have also increased the number of quality slots

in Indiana for all children. The program requires teachers to complete a pre and post KRI (Kindergarten Readiness Indicator) for each child funded by the grant. Many programs have been trained to implement the assessment and have completed them for the 2020-21 school year.

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- a. Verifying and processing billing records to ensure timely payments to providers

Describe:

The Family and Social Services Administration's Financial Management team verifies the payment and our vendor makes payment through direct deposit to providers every two weeks.

- b. Fiscal oversight of grants and contracts

Describe:

The Lead Agency monitors all contracts and budgets for contract compliance. All claims submitted by grantees and contractors are reviewed for compliance with contract and for financial errors before being signed and approved for payment. Contracts are audited by FSSA Audit for contract compliance.

- c. Tracking systems to ensure reasonable and allowable costs

Describe:

For client eligibility the Lead Agency has the Automated Intake System that enforces the CCDF policies for enrolling and authorizing subsidy. There are Quality Assurance reports that are run daily and monitored by the Lead Agency for any inaccuracies.

- d. Other

Describe:

The Lead Agency utilizes regional CCDF Policy Consultants who oversee all CCDF Eligibility Specialists in the state. The Consultants make monthly monitoring visits to ensure CCDF policies are consistently and accurately followed. During these visits,

Consultants also provide training and technical assistance as needed.

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

a. Conduct a risk assessment of policies and procedures

Describe:

b. Establish checks and balances to ensure program integrity

Describe:

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

d. Other

Describe:

All CCDF funds are awarded using the Indiana Department of Administration's procurement policy and procedures which includes competitive bids.

All sub-recipients, including those implementing quality improvement efforts and automation, have grants or contracts in place that require compliance with all State and Federal laws, rules and policies.

Grantees are monitored regularly to ensure adequate progress is made toward these benchmarks. Each contract contains clearly identified benchmarks or performance measures. Each grantee claim submitted for reimbursement requires three (3) separate reviews and approvals verifying that all expenses claimed are allowable and within budget. Local Eligibility Specialist practices and procedures are monitored through periodic progress reports and outcomes measurements that are reviewed to ensure that the goals of the CCDF program are being met within the established time frames.

All financial documentation is reviewed at least once per year and all sub-recipients are subject to random program audits as well as mandatory annual audits.

Sub-recipients also receive annual onsite monitoring visits. Each grant/contract

contains clearly identified benchmarks for performance measures. To ensure accuracy and compliance during eligibility determination,

Local Eligibility Specialists are additionally monitored as follows:

1. Weekly quality assurance review, of data including identification of any critical errors;
2. Weekly quality assurance reports distributed to local entity as well as State CCDF policy staff;
3. Monthly quality assurance conference calls;
4. Bi-weekly conference calls with the following participants: all local entities, State budget/operations staff, State policy staff, and State quality assurance staff;
5. Scanning of family application documents for direct service vouchers; Review of family application documents within ninety (90) days of completion or, as volume dictates, for verification; Initial critical eligibility errors result in a monetary penalty for Intake Agents; All ineligible applications are required to pay back all monthly case file payments paid;
6. Monthly random sample of parent and provider customer satisfaction surveys;
7. Monthly and quarterly program data reporting on data entry accuracy;
8. Monthly fiscal reporting ;
9. Grantee Accuracy Report; and If the error rate is over 3% the Eligibility Specialist will be placed on probation for three (3)months .
10. Payments made to child care providers are monitored regularly through review of the swipe card data captured by the electronic payment attendance system.
11. Swipe activity is reconciled bi-weekly. Manual reviews of provider claims that differ from the automated claim are conducted.
12. FSSA Audit performs provider red-flag reporting utilizing data mining to identify suspicious swipe patterns and conducts random on-site and desk review provider audits to ensure compliance with the CCDF policy and procedures.

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

Depending on the policy change either an email with the policy update is sent to all eligibility users and then followed up by the CCDF Policy Consultant. If there are several policy changes or a complex policy change then eligibility users are trained by their CCDF Policy Consultant. All trainings are provided by Lead Agency staff.

ii. Issue policy manual.

Describe:

Any Lead Agency staff members, Eligibility Office personnel or program monitor has to receive the CCDF policy manual and training before seeing any clients, gaining access to the eligibility software or monitoring any cases. All trainings are provided by Lead Agency staff.

iii. Provide orientations.

Describe:

iv. Provide training.

Describe:

Any Lead Agency staff members, Eligibility Office personnel or program monitor has to receive the CCDF policy manual and training before seeing any clients, gaining access to the eligibility software or monitoring any cases. All trainings are provided by Lead Agency staff or software vendor.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

Each week eligibility errors are identified and sent to the Eligibility Specialists and the CCDF Policy Consultants. Eligibility errors are reviewed and corrected. The CCDF Policy Consultant follows up with additional trainings as needed.

vi. Meet regularly regarding the implementation of policies.

Describe:

Monthly meetings are held with all eligibility office vendors to discuss contract, policy and performance matters.

vii. Other.

Describe:

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

i. Issue policy change notices.

Describe:

Depending on the policy change either an email with the policy update is sent to all eligibility users and then followed up by the CCDF Policy Consultant. If there are several policy changes or a complex policy change then eligibility users are trained by their CCDF Policy Consultant. All trainings are provided by Lead Agency staff.

ii. Train on policy change notices.

Describe:

Depending on the policy change either an email with the policy update is sent to all eligibility users and then followed up by the CCDF Policy Consultant. If there are several policy changes or a complex policy change then eligibility users are trained by their CCDF Policy Consultant. All trainings are provided by Lead Agency staff.

iii. Issue policy manuals.

Describe:

Any Lead Agency staff members, Eligibility Office personnel or program monitor has to receive the CCDF policy manual and training before seeing any clients, gaining access to the eligibility software or monitoring any cases. All trainings are provided by Lead Agency staff or software vendor.

iv. Train on policy manual.

Describe:

Any Lead Agency staff members, Eligibility Office personnel or program monitor has to receive the CCDF policy manual and training before seeing any clients, gaining access to the eligibility software or monitoring any cases. All trainings are provided by Lead Agency staff or software vendor.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

Each week eligibility errors are identified and sent to the Eligibility Specialists and the CCDF Policy Consultants. Eligibility errors are reviewed and corrected. The CCDF Policy Consultant follows up with additional trainings as needed.

vi. Meet regularly regarding the implementation of policies.

Describe:

Monthly meetings are held with all eligibility office vendors to discuss contract, policy and performance matters.

vii. Other.

Describe:

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

Each year the Lead Agency works with the FSSA Audit team to develop an annual audit plan and each FSSA Division is required to update an audit principles risks, activities and monitoring document to ensure proper controls are in place.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, 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)).

Describe the activities and the results of these activities:

The Lead Agency participates in the PARIS match with other states. When a PARIS match comes in from another state the Lead Agency reviews the information and takes the appropriate action on the case.

ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Lead Agency has the ability to run a variety of Quality Assurance reports within the Indiana Child Care Information System (CCIS) and the Electronic Time and Attendance System to identify Program Violations and Administrative Errors. If there are any errors they will be reviewed by the Lead Agency so that appropriate action can be taken to correct any errors that have been flagged.

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

FSSA Audit runs data mining on our time and attendance and payment system to

ensure accurate payment. FSSA Audit also goes out and audits providers in the field and verifies attendance and payment policies are being followed. If any inaccuracies are discovered during the audit process, the provider will have to repay any CCDF funding paid that was not in compliance with policy.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Quality Assurance reports are generated out of both the CCDF eligibility software and the licensing software. These reports are reviewed by the Lead Agency and any errors that are identified are corrected or repayments may be generated as a result.

v. Audit provider records.

Describe the activities and the results of these activities:

Licensing staff monitors/inspects child care providers for CCDF compliance. During the inspections provider records are reviewed for CCDF compliance. If a provider is out of compliance with CCDF and does not correct the non compliance they receive a Notice of Order and are removed from being a CCDF provider.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

All Lead Agency staff that monitor, inspect providers or oversee contracts are trained on CCDF policies related to their program.

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The Lead Agency participates in the PARIS match with other states. When a PARIS match comes in from another state the Lead Agency reviews the information and takes the appropriate action on the case.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Lead Agency has the ability to run a variety of Quality Assurance reports within the Indiana Child Care Information System (CCIS) and the Electronic Time and Attendance System to identify Program Violations and Administrative Errors. As a result of these reports it could lead to repayment of CCDF funds by both providers and/or parents.

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

FSSA Audit runs data mining on our time and attendance and payment system to ensure accurate payment. FSSA Audit also goes out and audits providers in the field and verifies attendance and payment policies are being followed. If any inaccuracies are discovered during the audit process then the provider will have to repay any CCDF funding that was paid that was not compliant with policy.

- iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Quality Assurance reports are generated out of both the CCDF eligibility software and the licensing software. These reports are reviewed by the Lead Agency and any errors that are identified are corrected or repayments may be generated as a result.

v. Audit provider records.

Describe the activities and the results of these activities:

Licensing staff monitors/inspects child care providers for CCDF compliance. During the inspections provider records are reviewed for CCDF compliance. If a provider is out of compliance with CCDF and does not correct the non compliance they receive a Notice of Order and are removed from being a CCDF provider.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

All Lead Agency staff that monitor, inspects providers or oversee contracts are trained on CCDF policies related to their program.

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The Lead Agency participates in the PARIS match with other states. When a PARIS match comes in from another state the Lead Agency reviews the information and takes the appropriate action on the case.

ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The Lead Agency has the ability to run a variety of Quality Assurance reports within the Indiana Child Care Information System (CCIS) and the Electronic Time and Attendance System to identify Program Violations and Administrative Errors.

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

FSSA Audit runs data mining on our time and attendance and payment system to ensure accurate payment. FSSA Audit also goes out and audits providers in the field and verifies attendance and payment policies are being followed. If any inaccuracies are discovered during the audit process then the provider will have to repay any CCDF funding that was paid that was not compliant with policy.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Quality Assurance reports are generated out of both the CCDF eligibility software and the licensing software. These reports are reviewed by the Lead Agency and any errors that are identified are corrected or repayments may be generated as a result.

v. Audit provider records.

Describe the activities and the results of these activities:

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

vii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

- a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

FSSA Compliance

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

Based on the outcome of the investigation any monies paid that were fraudulent and/or intentional program violations will be recouped. The result may lead to termination from participating in the CCDF program. \$251.00 is the minimum dollar amount.

- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

The Lead Agency coordinates with other state agencies for the recovery of improper payments. These agencies include TANF, CACFP, SNAP, Medicaid, FSSA Compliance and FSSA Audit.

- iii. Recover through repayment plans.

Describe the activities and the results of these activities:

The Lead Agency enters into a repayment plan with a parent or provider for the amount of the improper payment due to fraud or an intentional program violation.

These repayments are sent to FSSA Financial Management for recovery. If a repayment agreement is delinquent for more than 90 days the repayment amount is sent to the Indiana Department of Revenue for state tax intercept.

iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

For CCDF providers that owes the Lead Agency money due to an improper payment due to fraud or an intentional program violation they also have the option to reduce future weekly CCDF reimbursement the Lead Agencies payment vendor until the debt is paid in full.

v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

The Lead Agency enters into a repayment plan with a parent or provider for the amount of the improper payment due to fraud or an intentional program violation. These repayments are sent to FSSA Financial Management for recovery. If a repayment agreement is delinquent for more than 90 days the repayment amount is sent to the FSSA Financial Management for state tax intercept.

vi. Recover through other means.

Describe the activities and the results of these activities:

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Lead Agency has a unit to investigate fraud for not only CCDF but other state and federal reimbursement program, this unit is FSSA Compliance.

viii. Other

Describe the activities and the results of these activities:

Court ordered restitution.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

Based on the outcome of the investigation any monies paid that were due to unintentional program violations will be recouped. The result may lead to termination from participating in the CCDF program. \$251.00 is the minimum dollar amount.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

The Lead Agency coordinates with other state agencies for the recovery of improper payments. These agencies include TANF, CACFP, SNAP, Medicaid, FSSA Compliance and FSSA Audit.

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

The Lead Agency enters into a repayment plan with a parent or provider for the amount of the improper payment due to unintentional program violations. These repayments are sent to FSSA Financial Management for recovery. If a repayment agreement is delinquent for more than 90 days the repayment amount is sent to the FSSA Financial Management for state tax intercept.

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

For CCDF providers that owes the Lead Agency money due to an improper payment due to unintentional program violations they also have the option to reduce future weekly CCDF reimbursement the Lead Agencies payment vendor until the debt is paid in full.

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

The Lead Agency enters into a repayment plan with a parent or provider for the amount of the improper payment due to unintentional program violations.

vii. Recover through other means.

Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Lead Agency has a unit to investigate fraud and other program violations for not only CCDF but other state and federal reimbursement program, This unit is FSSA Compliance. The Lead Agency also has a unit that collects all debts owed back to state and federal programs. This unit is FSSA Financial Management.

ix. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

Based on the outcome of the quality assurance review, any monies paid that were due to agency errors will be recouped. The result may lead to termination from

participating in the CCDF program. \$251.00 is the minimum dollar amount.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

The Lead Agency coordinates with other state agencies for the recovery of improper payments. These agencies include TANF, CACFP, SNAP, Medicaid, FSSA Compliance and FSSA Audit.

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

The Lead Agency enters into a repayment plan with a parent or provider for the amount of the improper payment due to agency errors. These repayments are sent to FSSA Financial Management for recovery. If a repayment agreement is delinquent for more than 90 days the repayment amount is sent to the FSSA Financial Management for state tax intercept.

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

For CCDF providers that owes the Lead Agency money due to an improper payment due to agency errors they also have the option to reduce future weekly CCDF reimbursement the Lead Agencies payment vendor until the debt is paid in full.

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

FSSA Compliance is tasked with investigating any potential fraud or intentional program violations. FSSA Financial Management is tasked with recovering any improper payments due to unintentional program violations.

- vii. Recover through other means.

Describe the activities and the results of these activities:

- viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

FSSA Compliance is tasked with investigating any potential fraud or program violations. FSSA Financial Management is tasked with recovering any improper payments due to unintentional program violations.

ix. Other

Describe the activities and the results of these activities:

Improper payments that are identified during the Improper Payment Review process are treated as either intentional or unintentional overpayment and are subject to the same action steps as listed above under intentional/unintentional overpayments.

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

Depending on the nature of the program violation, clients that have been identified as having committed a program violation are subject to a progressive disciplinary action. On the first occurrence of a program violation, clients will receive a warning letter. Client may be required to attend additional training on CCDF policies and procedures and will be required to sign an updated family/client agreement. Clients are also subject to required repayments. Subsequent or serious violations may result in termination and/or prosecution as appropriate.

The Eligibility Specialist must inform the client/applicant of the Parent Appeal Process at the time of initial application and at each re-determination. When any adverse action is taken, such as denial, or termination, there is a three (3) step appeal process.

STEP 1: Within ten (10) calendar days of receipt of Adverse Action letter, the client/applicant must send written request for appeal to the local Eligibility Office Supervisor. The Eligibility Office has ten (10) calendar days to review the request and respond in writing. This response must provide information on the next step in the appeal process. The Eligibility Specialist will document research to support any decision made.

The documentation shall be scanned into the client/applicant file.

STEP 2: If the client/applicant is not satisfied with the decision of the Eligibility Office Supervisor, the client/applicant must send written request for appeal to the Office of Early Childhood and Out of School Learning (OECOSL) CCDF Operations Manager within fifteen (15) calendar days of receipt of the denial letter from the Eligibility Office Supervisor. The OECOSL CCDF Operations Manager has fifteen (15) calendar days to review the request and respond in writing. This response must provide information to support any decision made. The documentation shall be scanned into the client/applicant file. This response must provide information on the next step in the appeal process.

STEP 3: If the applicant is not satisfied with the decision of the OECOSL CCDF Operations Manager, they have fifteen (15) calendar days from receipt of letter from the OECOSL CCDF Operations Manager to submit a final written request for appeal to the OECOSL Director. The OECOSL Director has fifteen (15) calendar days to review the decision of the CCDF Operations Manager and respond in writing. This response must provide information to support any decision made. The documentation shall be scanned into the client/applicant file. The determination by the OECOSL Director is final and no further appeal processes applies.

- b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

Providers found to have committed repeated or serious program violations may be disqualified from participation in the CCDF program. In situations where OECOSL takes adverse action for program violations against a provider that affects their ability to participate in the CCDF program, the following two step appeal process is available:

STEP 1: Within fifteen (15) calendar days of receipt of suspension notice, the provider must send a written request for an informal meeting with the Office of Early Childhood and Out-of-School Learning (OECOSL). The OECOSL Director has fifteen (15) calendar days to review the request and respond. STEP 2: If the provider is not satisfied with the decision of the OECOSL Director, the provider has fifteen (15) calendar days to submit a final written request for a hearing.

- c. Prosecute criminally.

Describe the activities and the results of these activities:

d. Other.

Describe the activities and the results of these activities:

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered extraordinary circumstance waivers to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.

The Lead Agency did collect the data needed to complete the MRS. However, this data collection was completed in December of 2020. The Lead Agency believes that these rates may not reflect the true costs incurred by child care providers and would like to complete the data collection process again this summer once providers have

re-opened and established new rates to reflect their increased costs.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

The Lead Agency believes the additional data collection will improve the quality of the rate data used to set market rates. If the current data were to be used as is, it may not adequately reflect provider costs throughout the state, especially the increased costs due to the pandemic.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

All CCDF subsidy payments have been increased by 20% to reflect increased pandemic-related costs. These increased payments will remain in effect until new rates are established.

Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.

While the Lead Agency has completed an initial narrow cost analysis, the provider response rate was quite low. Due to ongoing bi-weekly provider surveys, the Lead Agency believes increase data collection will allow the existing report to be supplemented and improved.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

If the current analysis were to be used as is, it may not adequately reflect provider costs throughout the state, especially the increased costs due to the pandemic.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

All CCDF subsidy payments have been increased by 20% to reflect increased

pandemic-related costs. These increased payments will remain in effect until new rates are established.