

OMB Control No: 0970-0114

Expiration date: 03/31/2027

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

The purpose of this information collection is the application for CCDF funds and provides ACF and the public with a description of, and assurance about, the States' and Territories' child care programs. Public reporting burden for this collection of information is estimated to average 150 hours per response, including the time for reviewing instructions, gathering, and maintaining the data needed, and completing the form. This is a mandatory collection of information (Pub. L. 113–186), and 42 U.S.C. 9858.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0114 and the expiration date is 03/31/2027. If you have any comments on this collection of information, please contact ACF's Office of Child Care.



**Child Care and Development Fund (CCDF) Plan
for
State/Territory Indiana**

FFY 2025 – 2027

Version: Amendment 2

Plan Status: Approved as of 2025-11-14 18:12:07 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

Contents

Overview	4
1 CCDF Program Administration	5
1.1 CCDF Leadership.....	6
1.2 CCDF Policy Decision Authority.....	7
1.3 Consultation in the Development of the CCDF Plan.....	11
2 Child and Family Eligibility and Enrollment and Continuity of Care	15
2.1 Reducing Barriers to Family Enrollment and Redetermination	15
2.2 Eligible Children and Families	17
2.3 Prioritizing Services for Vulnerable Children and Families	32
2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities.....	35
2.5 Promoting Continuity of Care	37
3 Child Care Affordability	42
3.1 Family Co-payments	42
3.2 Calculation of Co-Payment	44
3.3 Waiving Family Co-payment	46
4 Parental Choice, Equal Access, Payment Rates, and Payment Practices	46
4.1 Access to Full Range of Provider Options	47
4.2 Assess Market Rates and Analyze the Cost of Child Care	48
4.3 Adequate Payment Rates	54
4.4 Payment Practices to Providers	59
4.5 Supply Building	62
5 Health and Safety of Child Care Settings.....	66
5.1 Licensing Requirements	67
5.2 Ratios, Group Size, and Qualifications for CCDF Providers	74
5.3 Health and Safety Standards for CCDF Providers	81
5.4 Pre-Service or Orientation Training on Health and Safety Standards.....	160
5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements	162
5.6 Ongoing Health and Safety Training	169
5.7 Comprehensive Background Checks.....	172
5.8 Exemptions for Relative Providers.....	183
6 Support for a Skilled, Qualified, and Compensated Child Care Workforce	183
6.1 Supporting the Child Care Workforce.....	184
6.2 Professional Development Framework	187
6.3 Ongoing Training and Professional Development	192
6.4 Early Learning and Developmental Guidelines	193

7	Quality Improvement Activities	194
7.1	Quality Activities Needs Assessment.....	195
7.2	Use of Quality Set-Aside Funds.....	196
8	Lead Agency Coordination and Partnerships to Support Service Delivery.....	199
8.1	Coordination with Partners to Expand Accessibility and Continuity of Care	199
8.2	Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds.....	207
8.3	Coordination with Child Care Resource and Referral Systems	209
8.4	Public-Private Partnerships.....	211
8.5	Disaster Preparedness and Response Plan	212
9	Family Outreach and Consumer Education	213
9.1	Parental Complaint Process.....	213
9.2	Consumer Education Website	215
9.3	Increasing Engagement and Access to Information.....	222
9.4	Providing Information on Developmental Screenings	226
10	Program Integrity and Accountability.....	227
10.1	Effective Internal Controls	227
10.2	Fraud Investigation, Payment Recovery, and Sanctions	233
Appendix 1: Lead Agency Implementation Plan		245
Appendix 1: Form		246

Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

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.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: **Indiana Family and Social Services Administration (FSSA)**
 - ii. Street Address: **402 W Washington St**
 - iii. City: **Indianapolis**
 - iv. State: **Indiana**
 - v. ZIP Code: **46204**
 - vi. Web Address for Lead Agency: **<https://www.in.gov/fssa/carefinder/index.html>**
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Mitch**
 - ii. Lead Agency Official Last Name: **Roob**
 - iii. Title: **Secretary**
 - iv. Phone Number: **317-233-4690**
 - v. Email Address: **Secoffice.fssa@fssa.in.gov**

1.1.2 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. The OCC 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, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

- a. CCDF Administrator contact information:
 - i. CCDF Administrator First Name: **Adam**

- ii. CCDF Administrator Last Name: **Alson**
- iii. Title of the CCDF Administrator: **Director, Office of Early Childhood and Out-of-School Learning**
- iv. Phone Number: **317-234-3313**
- v. Email Address: **OECOSLDirector@fssa.IN.gov**

b. CCDF Co-Administrator contact information (if applicable):

- i. CCDF Co-Administrator First Name: **Sue**
- ii. CCDF Co-Administrator Last Name: **McKinney**
- iii. Title of the CCDF Co-Administrator: **Deputy Director, Office of Early Childhood and Out-of-School Learning**
- iv. Phone Number: **317-233-8958**
- v. Email Address: **susan.mckinney@fssa.in.gov**
- vi. Description of the Role of the Co-Administrator: **Responsible for the day-to-day operations of the program**

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. 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 Entity establishing CCDF program rules

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.

Check one of the following:

- a. All program rules and policies are set or established by the State or Territory. (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:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:

- ii. Sliding-fee scale is set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- 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 Entities implementing CCDF services

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

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[x] Describe: Community-based organizations that have contracts with the Lead Agency conduct eligibility determinations, issue payments and operates quality improvement activities.
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	[] Describe:
Who issues payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[x] Describe: Community-based organizations that have contracts with the Lead Agency conduct eligibility determinations, issue payments and operates quality improvement activities.
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[] Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[] Describe:
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[x] Describe: The Lead Agency contracts with various organizations to facility quality improvement activities

1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. 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.

a. Tasks to be performed.

[x] Yes. If yes, describe: All contracts are required to have a scope of work which outlines the responsibilities and any key deliverables for each vendor.

No. If no, describe:

b. Schedule for completing tasks.

[x] Yes. If yes, describe: All contracts that have deliverables outlined include timelines for completing them. Other contracts may have ongoing responsibilities outlined for the life of the contract. In addition, many contracts require the submission of an annual work plan, outlining tasks and a schedule for when they will be completed each contract year.

No. If no, describe:

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

[x] Yes. If yes, describe: All contracts are procured in alignment with the Indiana Department of Administration rules and policies. This includes the development of a line item budget for services from vendors that is used to generate the contract.

No. If no, describe:

d. Indicators or measures to assess performance of those agencies.

Yes. If yes, describe: **Contracts have Performance Measures that are monitored by state staff. These performance measures are tied to payment withholdings and contractors must meet the goals outlined at the beginning of each contract year in order to be eligible to receive the withheld amounts.**

No. If no, describe:

e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **The Lead Agency has staff dedicated to monitoring the success of, and compliance with, contracts. All vendors are required to submit annual audit reports. The Family and Social Services Audit Department also selects a random sample of Lead Agency vendors to audit annually**

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, 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 is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

Yes.

No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

Yes.

No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.

- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency's consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The Lead Agency consults with other state and local officials regarding the development of the State Plan through the Indiana Early Learning Advisory Committee, local outreach efforts through the Child Care Resource and Referral (CCRR) network, and other early childhood initiatives. The state plan was presented at meetings for key partners to provide input. The Lead Agency also conducted a community needs assessment in partnership with Purdue University in which general purpose local government representatives responded. Input was incorporated into the plan.**
- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **The Lead Agency requested input into several specific areas of the CCDF State Plan related to the Indiana Early Learning Advisory Committee's strategic priorities. These include improving learning and kindergarten readiness, increasing the supply and sustainability of high quality providers, increasing affordability for families (particularly vulnerable families), and improving and increasing system capacity. The initial meeting took place in February of 2024 with continued conversations throughout plan development.**
- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **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 our market Rate Study with the Pokagon band of Potawatomi for purposes of setting rates. Consultation with The Pokagon Band began in January of 2024 to support development of this plan.**
- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **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. 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 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. The Lead Agency consults with a variety of school age care organizations, including the Indiana Afterschool Network and the Indiana Youth Services Association. 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. OECOSL also conducted a family needs assessment with Purdue University. This data was incorporated into the development of this plan.

1.3.2 Public hearing process

Lead Agencies must 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.

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.

i. Date of the public hearing: **6/20/2024**

Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).

ii. Date of notice of public hearing: **5/31/2024**

iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

Yes.

No. If no, describe:

iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice. **The public was notified via the FSSA OECOSL Website and publication in the Indy Star. The Lead agency also sent out information about the date and time of the public hearing through our texting platform and had contracted partners share the information via their social media and other channels as well.**

- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The public hearings were hosted virtually via a live stream to FSSA's Public Youtube Channel.**
- vi. Describe 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>.**
- vii. Describe how the information provided by the public was 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, 2024 and sent to the FSSA via mail at 402 West Washington Street, Room W362, Indianapolis, Indiana 46204, Attention: Sue McKinney or via electronic mail at OECOSLproviderinquiry@fssa.IN.gov. FSSA published a summary of the written comments, responses, and changes made for public review at <https://www.in.gov/fssa/carefinder/index.html>.**

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **<https://www.in.gov/fssa/carefinder/information-and-resources2/>**
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
 - i. **[x] 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 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.**
 - ii. **[] Working with child care resource and referral agencies. Describe:**
 - iii. **[x] 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**

- iv. Sharing through social media (e.g., Facebook, Instagram, email). Describe: **The Lead Agency will utilize FSSA social media resources including Twitter (@FSSAIndiana) 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.**
- v. Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). 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, the Indiana Afterschool Network and QRIS Raters.**
- vi. Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **A copy of the draft of the state plan was shared with the Indiana After School Network (IAN). Our partners at IAN were invited to attend a public comment session and provide feedback on the State Plan.**
- vii. Direct communication with the child care workforce. Describe: **The Lead Agency provided information about the plan and public comment opportunities through email and our weekly bulletin, the Monday Must Know.**
- viii. Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent's work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency's eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents' employment, education, or job training activities to comply with the Lead Agency's or designated

local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

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, Lead Agencies 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).

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
 - i. Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:
 - ii. Leveraging eligibility from other public assistance programs. Describe:
 - iii. Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **All children in the household that are applying for services receive vouchers at the same time for the 53-week period. For example, if a child has Special Needs and receives priority enrollment, their siblings would still receive services at the same time.**
 - iv. Self-assessment screening tools for families. Describe:
 - v. Extended office hours (evenings and/or weekends).
 - vi. Consultation available via phone.
 - vii. Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **At the time of application, families are able to upload all required documentation for eligibility determination. Once moved from the waitlist, eligibility for these families may be processed in a matter of days. For families that are missing documentation, they are provided a list of what is required and are able to submit those documents directly to the eligibility office for immediate processing. Once moved from the waiting list, all eligible applications are processed within 30 days.**
 - viii. None.
- b. Does the Lead Agency use an online subsidy application?
 Yes.
 No. If no, describe why an online application is impracticable.
- c. Does the Lead Agency use different policies for families receiving TANF assistance?
 Yes. If yes, describe the policies: **Families receiving TANF assistance may also receive a referral for CCDF eligibility determination. These referrals are processed within five days**

of receipt of necessary documentation and are immediately eligible for vouchers.

No.

2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/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. Leveraging eligibility from other public assistance programs.
 - ix. Other. Describe:
- b. Does the Lead Agency use different policies for families receiving TANF assistance?
 Yes. If yes, describe the policies: **Families receiving TANF assistance may also receive a referral for CCDF eligibility determination. These referrals are processed within five days of receipt of necessary documentation and are immediately eligible for vouchers.**
 No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, 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 (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?
 Yes.

No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

No.

Yes.

i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

ii. 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 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.

c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

No.

Yes. If yes, and the upper age is (may not equal or exceed age 19): **18.00**

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.**

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

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

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:
 - i. An activity for which a wage or salary is paid.
 - ii. Being self-employed.
 - iii. During a time of emergency or disaster, partnering in essential services.
 - iv. Participating in unpaid activities like student teaching, internships, or practicums.
 - v. Time for meals or breaks.
 - vi. Time for travel.
 - vii. Seeking employment or job search.
 - viii. Other. Describe:
- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
 - i. Vocational/technical job skills training.
 - ii. Apprenticeship or internship program or other on-the-job training.
 - iii. English as a Second Language training.
 - iv. Adult Basic Education preparation.
 - v. Participation in employment service activities.
 - vi. Time for meals and breaks.
 - vii. Time for travel.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Other. Describe:
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
 - i. Adult High School Diploma or GED.
 - ii. Certificate programs (12-18 credit hours).
 - iii. One-year diploma (36 credit hours).
 - iv. Two-year degree.
 - v. Four-year degree.
 - vi. Travel to and from classrooms, labs, or study groups.
 - vii. Study time.
 - viii. Hours required for associated activities such as study groups, lab experiences.

- ix. Time for outside class study or completion of homework.
- x. Applicable meal and break times.
- xi. Other. Describe:

d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

- No.
- Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

- Work. Describe:
- Job training. Describe:
- Education. Describe:
- Combination of allowable activities. Describe:
- Other. Describe:

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

- Yes.
- No. If no, describe the additional work requirements:

f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”

Note: 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 Lead Agency’s protective services definition.

- No. If no, skip to question 2.2.3.
- Yes. If yes, answer the questions below:

Provide the Lead Agency’s definition of “protective services” by checking below the sub-populations of children that are included:

- Children in foster care.
- Children in kinship care.
- Children who are in families under court supervision.
- Children who are in families receiving supports or otherwise engaged with a child welfare agency.
- Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program.
- Children whose family members are deemed essential workers under a

governor-declared state of emergency.

Children experiencing homelessness.

Children whose family has been affected by a natural disaster.

Other. Describe:

g. 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?

No.

Yes.

h. 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.

i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

No.

Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

There is a statewide limit with no local variation.

There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

Other. Describe:

2.2.4 Initial eligibility: income limits

a. Complete the appropriate table to describe family income limits.

i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	1255.00	150.00	1883.00
2	1703.00	150.00	2555.00

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
3	2152.00	150.00	3228.00
4	2600.00	150.00	3900.00
5	3048.00	150.00	4573.00

ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
3			
4			
5			

iii. Region/locality that is most populous:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:

- i. Gross wages or salary.
- ii. Disability or unemployment compensation.
- iii. Workers’ compensation.
- iv. Spousal support, child support.
- v. Survivor and retirement benefits.
- vi. Rent for room within the family’s residence.
- vii. Pensions or annuities.
- viii. Inheritance.

ix. Public assistance.

x. Other. Describe:

d. What is the effective date for these income eligibility limits? **3/31/2024**

e. 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, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits? **[x] LIHEAP.** If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2024**

Other. Describe:

f. Provide the direct URL/website link, if available, for the income eligibility limits.
https://www.in.gov/fssa/carefinder/files/CCDFSlidingFeeSchedule_withCopays.pdf

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

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

- i. Average the family's earnings over a period of time (e.g., 12 months).
Identify the period of time
- ii. Request earning statements that are most representative of the family's monthly income.
- iii. Deduct temporary or irregular increases in wages from the family's standard income level.
- iv. Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: **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.**

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. 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.

2.2.6 Family asset limit

a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?

Yes.

No. If no, describe:

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:

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

a. Eligibility determination? If checked, describe: **All CCDF families must reside in the state of Indiana.**

b. Eligibility redetermination? If checked, describe: **All CCDF families must reside in the state of Indiana.**

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant identity. Describe how you verify: 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.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Applicant's relationship to the child. Describe how you verify: Declared - physical custody.

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify:</p> <p>One of the following must be submitted or verified for child identity during the initial application process:</p> <p>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</p> <p>One of the following must be submitted for child citizenship during the initial application process :</p> <p>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.</p>

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	<p>Work. Describe how you verify: At least one of the following is an appropriate document to verify a service need of employment at eligibility determination and at redetermination:</p> <ul style="list-style-type: none"> •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; •Canceled check (front and back) with the following information: 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 ; 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 ; The check has been fully negotiated (cashed) as evidenced on the back of the canceled check by the depositing financial institution; and A complete Wage Detail Form ; •A computer generated Wage History Summary provided by the employer which includes: Identifying information for the Applicant or Co-Applicant , Gross wages , 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 applicant paid in cash, a complete OECOSL Request for Earnings Information form.

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Job training or educational program. Describe how you verify: These training activities may include, but are not limited to:</p> <p>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.</p> <p>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.</p> <p>VERIFICATION OF EDUCATION/TRAINING SERVICE NEED (NON TANF IMPACT)</p> <p>FAMILY School documentation must include the following in one or multiple documents at eligibility determination and at redetermination:</p> <p>Student name, School name (may be verified by Eligibility), Semester dates or begin and end date, if applicable</p> <p>This verification may be in the form of the following:</p> <p>Registration form, School schedule which may be printed from school website, Statement on school letterhead</p>

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Family income. Describe how you verify: 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. Any adult that does not have physical custody of the child living in the home is excluded from the household income calculation. Documentation of Countable Income includes the following at eligibility determination and at redetermination</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p> <p>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.</p> <p>Pensions and annuities: Pensions and annuities are paid to a retired person or his/her survivors by a former employer</p>

Required at Initial Determination	Required at Redetermination	Description
		<p>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.</p> <p>Rental: Rental income received, less applicable mortgage, which may include escrow payment, from property owned by the Applicant and/or Co-Applicant.</p> <p>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.</p> <p>Temporary Assistance for Needy Families (TANF): TANF is money paid as cash assistance to an adult in the assistance group.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>CCDF HOUSEHOLD INCOME EXCLUSIONS:</p> <p>HOUSEHOLD MEMBER UNDER 18 INCOME POLICY</p> <p>Any earned income of a CCDF Household Member under the age of 18, excluding emancipated minors and minor parents, is not counted toward eligibility.</p> <p>FOSTER FAMILY INCOME POLICY</p> <p>The income of an appropriately documented foster family is exempt for purposes of CCDF eligibility.</p> <p>CHILD PROTECTIVE SERVICE INCOME POLICY</p>

Required at Initial Determination	Required at Redetermination	Description
		The income of an appropriately documented Child Protective Services family is exempt for purposes of CCDF eligibility. AMERICORPS INCOME POLICY The income of an appropriately documented AmeriCorps member is exempt for purposes of CCDF eligibility.
[x]	[x]	Household composition. Describe how you verify: 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. Household composition is declared and may be verified by a child's birth certificate if the applicant is a parent. If household composition is in question, FSSA Compliance conducts an investigation and reviews items such as lease agreements, BMV records, DWD records and marriage licenses as well as SNAP, Medicaid and TANF records from Pondera's Fraud Caster system. 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.
[x]	[x]	Applicant residence. Describe how you verify: Proof of address from a 3rd party which includes Applicant or Co-Applicant name, date and street address, city and/or zipcode.
[]	[]	Other. Describe how you verify: NA

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

- 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:

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

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).

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. “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.**
- e. “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.**

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Families with very low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Children experiencing homelessness, as defined by CCDF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

a. Does the Lead Agency define any other priority groups?

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **Priority is given to:**

On My Way Pre-K applicants

Families earning below 100% of the Federal Poverty Level (FPL)

Children of child care workers

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness 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 State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility 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. Describe the grace period for each population below and how it allows them 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.

i. Provide the policy for a grace period for:

Children experiencing homelessness: 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.

The 90-day grace period was established through coordination with multiple sources. The Lead Agency is part of Indiana's Health and Human Services agency. Additionally, the FSSA Secretary and OECOSL Director hold regular meetings with both the Indiana State Department of Health and Department of Child Services to ensure program coordination.

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. The Lead Agency is responsible for the licensing/registration/certification of child care providers and works directly with providers on the grace period for foster children.

The 90 day grace period was established through coordination with multiple sources. The Lead Agency is part of Indiana's Health and Human Services agency. Additionally, the FSSA Secretary and OECOSL Director hold regular meetings with both the Indiana State Department of Health and Department of Child Services to ensure program coordination.

ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

Yes.

No. If no, describe:

c. 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: **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.

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

- a.** Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
 - i.** Application in languages other than English (application and related documents, brochures, provider notices).
 - ii.** Informational materials in languages other than English.
 - iii.** Website in languages other than English.
 - iv.** Lead Agency accepts applications at local community-based locations.
 - v.** Bilingual caseworkers or translators available.
 - vi.** Bilingual outreach workers.
 - vii.** Partnerships with community-based organizations.
 - viii.** Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix.** Home visiting programs.
 - x.** Other. Describe: **Through the lead agency's partnership with the CCRRs, families have access to translators in a wide variety of languages. The CCRR can utilize phone translation services during the referral process and are able to provide written consumer education to families in several languages.**
- b.** Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
 - i.** Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii.** Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
 - iii.** Caseworkers with specialized training/experience in working with individuals with disabilities.
 - iv.** Ensuring accessibility of environments and activities for all children.
 - v.** Partnerships with State and local programs and associations focused on disability- related topics and issues.

- vi. 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.
- vii. Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
- viii. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
- ix. Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness 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. Describe:
- b. 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.
 - i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The Lead Agency partners with SPARK Learning Lab, the states training and technical assistance vendor, to offer a variety of trainings for child care providers around the topic of families experiencing homelessness. These trainings are offered in various modalities to best meet the needs of providers.**
 - ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **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.**

2.5 Promoting Continuity of Care

Lead Agencies must consider children's development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **The Lead Agency utilizes several policies to promote continuity of care:**

***Coordination with Head Start, OMW Pre-K, other early learning and school-age programs to support parents work schedules.**

***During enrollment, inquire about an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP) and 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**

***Using referrals from to and from other public benefits or entities**

***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**

***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 HealthCare 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.**

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- 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 Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.
 - a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

Yes.

No. If no, describe:

b. Does the Lead Agency certify that its definition of “temporary change” includes each of the minimum required elements?

1. 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.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

Yes.

No. If no, describe:

c. Are the policies different for redetermination?

No.

Yes. If yes, provide the additional/varying policies for redetermination:

2.5.3 Job search and continued assistance

a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

- i. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: **Any of the following may be appropriate employment activity/service need requirements to qualify for 53 weeks of care:**
Employment/New Employment (Working)
Self-Employment
On-the-Job Training
Job Search (At initial application only)
- ii. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: **Transitional care is offered to those applicants at time of redetermination, if they do not have a service need. They would receive up to an additional 16 weeks to obtain a service need.**

iii. No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

Yes. The Lead Agency continues assistance.

No, the Lead Agency discontinues assistance.

- i. If no, describe the Lead Agency's policies 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. If no, 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 16 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. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **16 weeks**

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

- 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.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive: **The Lead Agency allows 40 unexplained absence days. This amount is greater than the number of allowable absence days for the 85% attendance threshold. Prior to termination, families and providers are contacted at 10, 20, 30 absence days. Families and providers also have access to online portals which display the total number of absence days used to date.**

Explained absence days include holidays, inclement weather or provider closure.

Children who are medically fragile or have a prolonged injury or illness (documented by medical professional) may have absences paused to allow for treatment or recovery.
- iii. A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **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.**

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

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **Misrepresenting, concealing or withholding information on the application or throughout eligibility determination.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

Yes.

No. If no, describe:

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

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:

- (i) 85 percent of SMI for a family of the same size; or
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a family with a low income
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability

(2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

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

- a. Not applicable. 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 question 3.1.1.)
- b. The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, 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.**
 - i. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: **A family's co-pay is never increased once eligibility is determined or redetermined but may be decreased during graduated phase-out if income decreases.**
 - ii. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c. 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. If checked, provide the following information:
 - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three:
 - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:
 - iii. Describe how the second eligibility threshold 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:

- iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:
- v. Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
- vi. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family's co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family's gross income, regardless of the number of children participating in CCDF.

- a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **26%. A waiver request will be submitted to allow time for eligibility systems to be changed to cap co-pays at 7%.**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

Yes.

No. If no, describe:

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

- a. Is the sliding fee scale set statewide?

Yes.

No. If no, describe how the sliding fee scale is set:

- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	A	B	C	D	E	F
Family Size	Lowest monthly income at initial eligibility where the family is first charged a 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 the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay 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 (E)?
1	1256.00	58.25	5.00	1883.00	140.10	8.00
2	1704.00	79.07	5.00	2555.00	190.09	8.00
3	2153.00	99.90	5.00	3228.00	240.16	8.00
4	2601.00	120.69	5.00	3900.00	290.16	8.00
5	3049.00	141.47	5.00	4573.00	340.23	8.00

- c. What is the effective date of the sliding-fee scale(s)? **03/24/2024**
- d. Provide the link(s) to the sliding-fee scale(s):
https://www.in.gov/fssa/carefinder/files/CCDFSlidingFeeSchedule_withCopays.pdf
- e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

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 does not provide a barrier and 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 may be asked to assume responsibility for the additional cost of care also called an "overage". However, a CCDF Eligible Provider may be willing to accept a lower rate of reimbursement or no overage payment at all. This would be an agreement between the CCDF eligible provider and the Applicant or Co-Applicant and increases access for our families. Further, the percentage of families potentially having an overage is down from over 60% in 2023 to 35% in 2024. We attribute this reduction to our new subsidy reimbursement rates. Additionally, a legislative committee hearing was held after the rates were released and the providers in attendance were asked if the new rates covered their cost of providing care. The providers responded that the rates aligned with the cost of providing care. The Lead Agency believes reimbursement rates that are in line with the cost of providing care promotes affordability and access for families.**

The high percentage of providers participating in CCDF (Licensed Centers: 88.5 %; Licensed Homes: 96.1 %; Registered Ministries: 62.6 %), especially for centers and homes, gives us confidence that our payment practices are facilitating provider participation and promoting affordability and access for families for those providers that can meet CCDF eligibility standards. Please note, the lower participation percentage for Registered Ministries is due to the inability of some facilities to pass CCDF health and safety standards and is not a reflection of our payment policies.

- 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: **As reported in the April 2024 CCDF Fact Sheet 35.3 % of families had overages on their vouchers, at an average of 17.6 % of income. However, this does not mean that providers are collecting or requiring this payment. The overage calculation is based upon the rate self-reported by providers and doesn't always align with actual rates charged to families. We anticipate better data collection and accurate reporting with our transition to our new system in 2025. Further, the percentage of families potentially having an overage is down from over 60% in 2023. We attribute this reduction to our new subsidy reimbursement rates.**

3.2 Calculation of Co-Payment

Lead agencies must calculate a family's contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
 - i. The fee is a dollar amount and (check all that apply):
 - The fee is per child, with the same fee for each child.
 - The fee is per child and is discounted for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional fee is charged after a certain number of children.
 - The fee is per family.
 - ii. The fee is a percent of income and (check all that apply):
 - The fee is per child, with the same percentage applied for each child.
 - The fee is per child, and a discounted percentage is applied for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional percentage is charged after a certain number of children.
 - The fee is per family.
- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).
 - No.
 - Yes.If yes, check and describe those additional factors below:
 - i. Number of hours the child is in care. Describe:
 - ii. Quality of care (as defined by the Lead Agency). Describe:
 - iii. Other. Describe: **The number of years on the program affects the amount of a family's co-pay as co-pays are increased by both income and number of years on program as shown in our sliding fee scale.**
- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

- i. Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.
- ii. Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
- iii. Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

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

- No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)
- Yes. If yes, identify and describe which family contributions/co-payments waived.
 - i. Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
 - ii. Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
 - iii. Families experiencing homelessness.
 - iv. Families with children with disabilities.
 - v. Families enrolled in Head Start or Early Head Start.
 - vi. Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy:
 - vii. Families meeting other criteria established by the Lead Agency. Describe the 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.**

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies 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.

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

- a. 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, public comment, and reports to the Lead Agency: **The Lead Agency monitors the rate of CCDF participation for all provider types. As of March 2024, over 95% of licensed homes and nearly 90% of licensed centers are CCDF eligible. Only 62% of Registered Ministries were eligible to participate as some facilities do not meet health and safety requirements for CCDF participation.**
- b. Does the Lead Agency offer child care assistance through vouchers or certificates?
 Yes.
 No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
 Yes.
 No.
- d. Describe 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; family child care homes; or in-home providers: **As part of consumer education offered by the local Child Care Resource and Referral (CCRR) agencies as well as the CCDF eligibility offices, families are informed about the mixed delivery system of child care that is available in Indiana. There is also information on the Brighter Futures website that highlights the different types of child care available.**
- e. Describe what information is included on the child care certificate: **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.

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care 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, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and

determine payment rates? Check only one based on which methodology was used to determine your payment rates.

- a. Market rate survey.
 - i. When were the data gathered (provide a date range; for instance, September – December 2023)?
- b. ACF pre-approved alternative methodology.
 - i. The alternative methodology was completed.
 - ii. The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology). **Data collection began in October of 2023 and will continue through December 2024. An update of the narrow cost analysis was completed in September 2024. Cost analysis and rate setting will continue through April of 2025. New rates should be effective July 2025.**

- c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

 - iii. State Advisory Council or similar coordinating body: **The full ELAC meets bimonthly, and the Lead Agency prepares an update for each session. For example, the rate methodology will be shared with the committee throughout its development, culminating in sharing the rates before release. A similar process was followed for the development of the current cost data survey.**
 - iv. Local child care program administrators: **The Lead Agency has provided local child care program administrators with several opportunities to report and update their information. For example, program administrators for all provider types have been asked to report the hourly wages of their staff no less than three times over the past three years: in the first round of ARPA subgrant applications in the fall of 2021, in the second round of subgrant applications in the spring of 2022, and in the cost data survey started in the fall of 2023 and continuing into 2024. This feedback has allowed the Lead Agency to better understand the impact of recent, dramatic changes pandemic, government stimulus programs, and rising inflation**
 - v. Local child care resource and referral agencies: **The Lead Agency regularly**

partners with Purdue University to conduct a Child Care Resource and Referral (CCR&R) Needs Assessment. In addition to the environmental data analysis, the assessment includes a community stakeholder and family survey to obtain their input.

- vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **The Lead Agency engages quarterly with the Regional Advisory Committees (RAC) and the CCDF Action Group (AG) to share Lead Agency updates and obtain their feedback and input on upcoming initiatives.**
- vii. Other. Describe: **The 2023 cost data survey was developed with input from ELAC, ELI, SPARK (the Lead Agency's technical assistance vendor), and the Lead Agency's Data and Analytics team. Feedback from the public comment period impacted survey design and more importantly, the provider supports developed and managed by SPARK which include a dedicated website, Resource Guide, FAQ's, and the ability to schedule time with a Business Support Coach. The coaches have access to the model and can step a provider through each question.**

d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

- i. When was the market rate survey completed?
- ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)?
- iii. Describe how it represented the child care market, including what types of providers were included in the survey:
- iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program?
- v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)?
- vi. What is the percent of licensed or regulated child care centers responding to the survey?
- vii. What is the percent of licensed or regulated family child care homes responding to the survey?
- viii. Describe if the survey conducted in any languages other than English:
- ix. Describe if data were analyzed in a manner to determine price of care per child:
- x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted:

e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

- i. Describe how the market rate survey or pre-approved alternative methodology

reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **By assigning Indiana counties into one of three regions rural, or mixed (rural/urban) on 2020 Census data and a methodology described in the Purdue University publication, Defining Rural Indiana The First Step the Lead Agency intends to remedy issues arising from its previous, county-based approach to rate determination.** A region-based approach alleviates the issue of low populations of providers in individual counties, and in particular in rural counties, and the issue of disparate treatment of providers located within scant miles of one another but across county lines. The Lead Agency expects to develop a more accurate picture of provider costs by creating larger populations from which to draw statistics, which will also reduce the likelihood of specific providers unduly influencing said statistics.

Rates are set allowing for differences in geography, auspice, age and quality level.

- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The cost estimation model employed in the alternative methodology builds bottom-up estimates of the cost per child based on classroom utilization rates and staffing schedules. It examines class sizes and child-adult ratios by age group, time of day, and as a function of quality level, provider type, and geographic region. It explores the relationship between education credentials and wages for teaching staff, and how each of these factors may (or may not) vary as function of quality level, provider type, and geographic region. It analyzes staffing levels for non-teaching positions as a function of facility size addition to quality level, provider type, and geographic region. It considers facility size, classroom square footage, square footage per child, and occupancy costs per square foot by quality level, provider type, and geographic region. Under the alternative methodology, provider surveys are employed to isolate unit costs and cost drivers so that the Lead Agency can better understand the actual costs incurred by its providers today, account for differences in auspice, and identify the true cost of quality under its Paths to QUALITYTM program.**

Rates are set allowing for differences in geography, auspice, age and quality level.

- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The cost estimation model employed in the alternative methodology builds bottom-up estimates of the cost per child based on classroom utilization rates and staffing schedules. It examines class sizes and child-adult ratios by age group, time of day, and as a function of quality level, provider type, and geographic region. It explores the relationship between education credentials and wages for teaching staff, and how each of these factors may (or may not) vary as function of quality level, provider type, and geographic region. It analyzes staffing levels for non-teaching positions as a function of facility size**

type, and geographic region. It considers facility size, classroom square footage, square footage per child, and occupancy costs per square foot by quality level, provider type, and geographic region. Under the alternative methodology, provider surveys are employed to isolate unit costs and cost drivers so that the Lead Agency can better understand the actual costs incurred by its providers today, account for age differences, and identify the true cost of quality under its Paths to QUALITYTM program.

Rates are set allowing for differences in geography, auspice, age and quality level.

- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **The pre-approved ARM does allow for different rates based on quality level.**

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **The Lead Agency conducted a narrow cost analysis in 2021 and replicated the study with additional data collection and analysis in 2024. The analysis was completed in September 2024.**
- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **Providers were recruited to reflect differences in geography, auspice and age of children.**
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **In order to construct this output, providers are asked to report their class size and child-adult ratios by age group classroom; the hourly wages and benefits they pay their teaching staff; staffing levels, hourly wages, and benefits for non-teaching staff; parents and volunteers working at a reduced wage or for free; training and professional development expenses and the number of hours of annual training completed by each staff member; screening/referral and support services expense and the number of children and families by age group receiving these services; the cost per child and number of children by age group receiving learning assessments, the cost per child meal and snack and the number of meals and snacks prepared per day by age group, the cost per child and number of children by age group receiving transportation to/from home and to/from school; the**

square footage of each classroom and the total facility square footage including shared spaces; total annual occupancy expenses for mortgage/lease, utilities, maintenance, and insurance which a unit cost per square foot may be derived using facility square footage; total enrollment and total spending for consumable office and education supplies; inventories of classroom furnishings and materials by age group classroom; durable items including kitchen and laundry appliances and playground equipment; and business insurance and other miscellaneous operating expenses (advertising, postage, etc.). All of these inputs are analyzed by level of quality beginning at the base level and moving to higher levels of quality.

- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **Assumptions in the cost estimation model are allowed to vary along a number of dimensions including provider type, child age, geographic location, and the Lead Agency's QRIS, Paths to QUALITYTM (PTQ) level as well as by time of day, time of year, and whether classrooms are shared, dedicated, or empty (validated by provider surveys). All of these dimensions are important for accurately deriving the values for key unit costs and cost drivers. High quality is defined by a provider being PTQ Level 3 or 4 or a public school or charter school program.**
- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **Rates are set at a level believed to reflect to true cost of care.**

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report 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 prior to conducting the MRS or ACF pre-approved alternative methodology.

- a. 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 by responding to the questions below.
 - i. Provide the date the report was completed: **10/1/2024**
 - ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **11/1/2024**
 - iii. Provide a link to the website where the report is posted and describe any other

strategies the Lead Agency uses to make the detailed report widely available:
<https://www.in.gov/fssa/carefinder/child-care-assistance/2024>

- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **The Lead Agency accepts public comment each time new rates are released. A response is prepared by the Lead Agency and posted on the FSSA website with the report.**

4.3 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 and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates 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 provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

- a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?
 Yes.
 - i. If yes, check if the Lead Agency:
 Sets the same payment rates for the entire State or Territory.
 Sets different payment rates for different regions in the State or Territory.
 - No.
- ii. If no, identify how many jurisdictions set their own payment rates:
- b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **7/30/2023**
- c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by

4.3)? The lead agency publishes weekly rates.

4.3.2 Base payment rates

- a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. 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 families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

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. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	416.00 Per Week	29.27	416.00	98.78	316.00	321.00	340.00	416.00 Per Week	100.00
Family Child Care for Infants (6 months)	156.00 Per Week	73.91	156.00	55.65	150.00	160.00	175.00	156.00 Per Week	100.00
Center Care for Toddlers (18 months)	327.00 Per Week	26.32	327.00	94.74	290.00	290.00	310.00	327.00 Per Week	100.00
Family Child Care for Toddlers (18 months)	150.00 Per Week	73.00	150.00	63.36	145.00	150.00	165.00	150.00 Per Week	100.00
Center Care for Preschoolers (4 years)	231.00 Per Week	25.86	231.00	61.21	229.00	230.00	246.00	231.00 Per Week	100.00
Family Child Care for Preschoolers (4 years)	143.00 Per Week	73.42	143.00	69.86	130.00	135.00	150.00	143.00 Per Week	100.00
Center Care for School-Age (6 years)	110.00 Per Week	31.58	110.00	44.21	120.00	120.00	130.00	110.00 Per Week	100.00
Family Child Care for School-Age (6 years)	92.00 Per Week	72.73	92.00	49.83	95.00	100.00	100.00	92.00 Per Week	100.00

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	399.00 Per Week	0.00	399.00	100.00	250.00	250.00	250.00	399.00 Per Week	100.00
Family Child Care for Infants (6 months)	137.00 Per Week	28.57	137.00	28.57	140.00	180.00	180.00	137.00 Per Week	100.00
Center Care for Toddlers (18 months)	314.00 Per Week	0.00	314.00	100.00	230.00	230.00	230.00	314.00 Per Week	100.00
Family Child Care for Toddlers (18 months)	137.00 Per Week	25.00	137.00	50.00	135.00	180.00	180.00	137.00 Per Week	100.00
Center Care for Preschoolers (4 years)	219.00 Per Week	0.00	219.00	100.00	170.00	195.00	195.00	219.00 Per Week	100.00
Family Child Care for Preschoolers (4 years)	137.00 Per Week	26.67	137.00	53.33	130.00	145.00	160.00	137.00 Per Week	100.00
Center Care for School-Age (6 years)	110.00 Per Week	0.00	110.00	100.00	110.00	110.00	110.00	110.00 Per Week	100.00
Family Child Care for School-Age (6 years)	104.00 Per Week	37.50	104.00	12.50	120.00	120.00	120.00	104.00 Per Week	100.00

b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

Yes.

No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or

ACF pre-approved alternative methodology? Describe: **The Lead Agency is currently completing its pre-approved ARM and rates will be published in early 2025. The most recent MRS was completed in 2021 and the current rates were established using the same methodology as its pre-approved ARM and the rates were set in 2023.**

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid:

No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

Yes.

No. Tiered or differential rates are not implemented.

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:

- i. Differential rate for non-traditional hours. Describe:
- ii. Differential rate for children with special needs, as defined by the Lead Agency. Describe: **10% rate increase**
- iii. 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:
- iv. 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:
- v. Differential rate for higher quality, as defined by the Lead Agency. Describe: **For programs participating in Paths to QUALITY, the rate increases as the level of quality increases.**
- vi. Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:
- vii. If applicable, describe any additional add-on rates that you have besides those identified above.

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

Yes. If yes, describe:

[x] No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **The Lead Agency's approach was the result of more than three years of effort to better understand the costs incurred by its providers in the State of Indiana. It draws upon numerous data sets developed by the Lead Agency that cannot be found in publicly available sources. The Lead Agency leveraged a methodology for deriving Indiana child care subsidy rates comprised of the following elements:**
Assigning Indiana counties into one of three regions based on 2020 Census data and a methodology described in the Purdue University publication, Defining Rural Indiana The First Step
Utilizing a child care cost model for each region to estimate costs by provider type, child age, and Paths to QUALITY™ (PTQ) level. Populating the cost model with data collected in the same manner as original data drawn from OECOSL's 2021 narrow cost study and supplementing it with its 2021-2022 American Rescue Plan Act (ARPA) stabilization subgrant applications in order to generate a set of cost estimates. The model used to set current rates is the same methodology as the pre-approved ARM and rates were set at 100% of the cost of providing care.
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **For some providers serving infants and toddlers, their increase is as high as 100-200%. The model used to set current rates is the same methodology as the pre-approved ARM and rates were set at 100% of the cost of providing care.**
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **The Lead Agency used a narrow cost study conducted in 2021 and the rate setting methodology used is the same as the pre-approved ARM. The rates were set at 100% of the modeled cost of providing care.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **Costs were determined by provider type, child age, and Paths to QUALITY™ (PTQ) level.**
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **No additional facts needed.**

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care

services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (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. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must 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 have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

Yes. If yes, describe:

[x] No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **Payments are made to all providers bi-weekly, through direct deposit into the provider's bank account within 14 days of the end of the pay period. The Lead Agency contracts with Rapid Financial Services to make payments every 2 weeks based on enrollment and allows for a child's occasional absence (not to exceed 45 days per year). 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.**

The Lead Agency will be seeking a waiver to allow time for the system changes needed to pay prospectively.

- b. Does the Lead Agency pay based on authorized enrollment for all provider types?

[x] Yes. The Lead Agency pays all providers by authorized enrollment and payment is not

altered based on a child's attendance or the number of absences a child has.

No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

4.4.2 Other payment practices

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, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

- a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

Yes.

No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:

- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

Yes. If yes, identify the fees the Lead Agency pays for: **The Lead Agency conducts a survey of fees collected from private pay families. In 2024, this amount was \$200 per child enrolled.**

No. If no, identify the data and how data were collected to show that paying for fees is not a generally accepted payment practice:

- c. Describe how 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, and the dispute-resolution process: **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. Further, before a voucher is created a provider reviews the hours of care needed, subsidy reimbursement rate, co-payment and overage amount before electing to enroll the child.**

- d. Describe how 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:

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.

- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **A provider can appeal to the Lead Agency if they believe they have been paid incorrectly. The Lead Agency has 30 days to respond to the appeal.**
- f. Other. Describe any other payment practices established by the Lead Agency: **NA**

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **Percent of providers participating in CCDF: Licensed Centers: 88.5 %; Licensed Homes: 96.1 %; Registered Ministries: 62.6 %.** Provider participation percentages this high, especially for centers and homes, give us confidence that our payment practices are facilitating provider participation.

4.5 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. Beginning July 2025, and each year thereafter, an assessment of needed supply will be determined and depending on fund availability, contracted slots will be used to boost supply in those areas. The Lead Agency will be requesting a waiver to allow for the model to be developed and analysis completed.**

If no, skip to question 4.5.2.

- i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

Children with disabilities. Number of slots allocated through grants or contracts:

- Infants and toddlers. Number of slots allocated through grants or contracts:
- Children in underserved geographic areas. Number of slots allocated through grants or contracts:
- Children needing non-traditional hour care. Number of slots allocated through grants or contracts:
- School-age children. Number of slots allocated through grants or contracts:
- Children experiencing homelessness. Number of slots allocated through grants or contracts:
- Children in urban areas. Percent of CCDF children served in an average month:
- Children in rural areas. Percent of CCDF children served in an average month:
- Other populations. If checked, describe:

- ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency?

4.5.2 Care in the child's home (in-home care)

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

Will the Lead Agency limit the use of in-home care in any way?

Yes.

No.

If yes, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

- i. Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
- ii. Restricted based on the in-home provider meeting a minimum age requirement. Describe:
- iii. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- iv. 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.) Describe:
- v. Restricted to care for children with special needs or a medical condition. Describe:
- vi. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
- vii. Other. 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 Lead Agency.

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

- a. In infant and toddler programs:
 - i. Data sources used to identify shortages: **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. Beginning July 2025, and each year thereafter, an assessment of needed supply will be determined and contracted slots will be used to boost supply in those areas.**
 - ii. Method of tracking progress: **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. Beginning July 2025, and each year thereafter, an assessment of needed supply will be determined and contracted slots will be used to boost supply in those areas.**
 - iii. What is the plan to address the child care shortages using family child care homes **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. Beginning July 2025, and each year thereafter, an assessment of needed supply will be determined and contracted slots will be used to boost supply in those areas.**
 - iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. Beginning July 2025, and each year thereafter, an assessment of needed supply will be determined and contracted slots will be used to boost supply in those areas.**
- b. In different regions of the State or Territory:
 - i. Data sources used to identify shortages: **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. Beginning July 2025, and each year thereafter, an assessment of needed supply will be determined and contracted slots will be used to boost supply in those areas.**
 - ii. Method of tracking progress: **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. Beginning July 2025, and each year thereafter, an assessment of needed supply will be determined and contracted slots will be used to boost supply in those areas.**
 - iii. What is the plan to address the child care shortages using family child care homes? **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. Beginning July 2025, and each**

year thereafter, an assessment of needed supply will be determined and contracted slots will be used to boost supply in those areas.

- iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. Beginning July 2025, and each year thereafter, an assessment of needed supply will be determined and contracted slots will be used to boost supply in those areas.**
- c. In care for special populations:
 - i. Data sources used to identify shortages: **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. This includes special needs children and those needing care during non-traditional hours. Beginning July 2025, and each year thereafter, an assessment of needed supply will be determined and contracted slots will be used to boost supply in those areas.**
 - ii. Method of tracking progress: **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. This includes special needs children and those needing care during non-traditional hours. Beginning July 2025, and each year thereafter, an assessment of needed supply will be determined and contracted slots will be used to boost supply in those areas.**
 - iii. What is the plan to address the child care shortages using family child care homes? **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. This includes special needs children and those needing care during non-traditional hours. Beginning July 2025, and each year thereafter, an assessment of needed supply will be determined and contracted slots will be used to boost supply in those areas.**
 - iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. This includes special needs children and those needing care during non-traditional hours. Beginning July 2025, and each year thereafter, an assessment of needed supply will be determined and contracted slots will be used to boost supply in those areas.**

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

- a. Underserved geographic areas. Describe: **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. This includes special needs children and those needing care during non-traditional hours. Beginning July 2025, and each year thereafter, an assessment of needed supply will be determined and**

contracted slots will be used to boost supply in those areas.

- b. Infants and toddlers. Describe: **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. This includes special needs children and those needing care during non-traditional hours. Beginning July 2025, and each year thereafter, an assessment of needed supply will be determined and contracted slots will be used to boost supply in those areas.**
- c. Children with disabilities. Describe: **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. This includes special needs children and those needing care during non-traditional hours. Beginning July 2025, and each year thereafter, an assessment of needed supply will be determined and contracted slots will be used to boost supply in those areas.**
- d. Children who receive care during non-traditional hours. Describe: **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. This includes special needs children and those needing care during non-traditional hours. Beginning July 2025, and each year thereafter, an assessment of needed supply will be determined and contracted slots will be used to boost supply in those areas.**
- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: **NA**

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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.

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 access to high-quality programs. **The Lead Agency is currently working to develop models to determine supply and demand for CCDF vouchers in the state. This includes the ability to examine areas of high poverty and unemployment by adding those variables to the model. Beginning July 2025, and each year thereafter, an assessment of needed supply will be determined and contracted slots will be used to boost supply in those areas.**

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to **Lead Agencies** to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety

requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, 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 by the [Lead Agency](#). CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, [Lead Agencies](#) set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. 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.

This section addresses CCDF health and safety requirements, [Lead Agency](#) licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each [Lead Agency](#) identifies and defines its own categories of care. OCC does not expect [Lead Agencies](#) to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

- a. Identify the center-based provider types subject to child care licensing: **Child Care Centers that meet the definition of a child care center are subject to licensing.**
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

SEA 2 states that not later than January 1, 2025 the office of the secretary shall develop a micro-center pilot program. Definition of a microcenter and a microcenter network: A child care microcenter may stand alone or operate as part of a network. A child care microcenter is a child development program, located in a residential or non-residential setting, that serves between 6 and 30 children at any one time for more than 4 hours a day. A child care microcenter network is an interconnected group of child care classrooms, in different locations, linked by a shared administrative entity responsible for supervision

and operational support.

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe:

No.

b. Identify the family child care providers subject to licensing: **Child Care Homes**

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe:

No.

c. Identify the in-home providers subject to licensing: **IC 12-7-2-28.6 applies to all licensed providers who care for children in a residential structure whether the provider does or does not dwell in the structure**

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe:

No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

a. License-exempt center-based child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **(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 program whose primary purpose is to provide social, recreational, or

religious activities for school age children, such as scouting, boys club, girls club, sports, or the arts.

(6) A program operated to serve migrant children that: (A) provides services for children from migrant worker families; and (B) is operated during a single period of less than one hundred twenty (120) consecutive days during a calendar year.

(7) A child care ministry registered under IC 12-17.2-6.

(9) A child care program operated by a public or private school that: (A) provides day care on the school premises for children of students or employees of schools in the school corporation in which the public or private school is located; (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.

(10) 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.

(11) A child care program that: (A) is operated by a public or private organization under a contract with a public or private school; (B) serves children who are enrolled in the public or private school in: (i) grades kindergarten through 12; or (ii) a preschool program offered by a public or private school as described in this subdivision; and (C) serves children who are: (i) attending 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 (ii) participating in a learning recovery program that administers an assessment to measure student learning loss and provides Indiana academic standards aligned instruction.

(12) An educational program: (A) consisting of a group of not more than ten (10) students who attend the educational program in lieu of attending prekindergarten or kindergarten through grade 12 at a public or private school; (B) whose students meet in a single classroom in person or outside a classroom and which may include mixed age level groupings; and (C) that is under the supervision of a teacher or tutor.

(13) If located in the same public or private school building: (A) a preschool program that is operated by the public or private school; and (B) either or both of the following: (i) A child care program described in subdivision (9). (ii) A school age child care program described in subdivision (10).

(14) A child care program operated by a public or private school that does the following: (A) Provides day care on school property for children of employees of a business or organization with which the school has entered into a contract to provide services. If the school property is owned by the school, the school property must have been both: (i) owned by the school; and (ii) used for child care; on or before January 1, 2024. (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. (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.

ii. 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. (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 program whose primary purpose is to provide social, recreational, or religious activities for school age children, such as scouting, boys club, girls club, sports, or the arts.

(6) A program operated to serve migrant children that: (A) provides services for children from migrant worker families; and (B) is operated during a single period of less than one hundred twenty (120) consecutive days during a calendar year.

(7) A child care ministry registered under IC 12-17.2-6.

(9) A child care program operated by a public or private school that: (A) provides day care on the school premises for children of students or employees of schools in the school corporation in which the public or private school is located; (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.

(10) 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.

(11) A child care program that: (A) is operated by a public or private organization under a contract with a public or private school; (B) serves children who are enrolled in the public or private school in: (i) grades kindergarten through 12; or (ii) a preschool program offered by a public or private school as described in this subdivision; and (C) serves children who are: (i) attending 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 (ii) participating in a learning recovery program that administers an assessment to measure student learning loss and provides Indiana academic standards aligned instruction.

(12) An educational program: (A) consisting of a group of not more than ten (10) students who attend the educational program in lieu of attending prekindergarten or kindergarten through grade 12 at a public or private school; (B) whose students meet in a single classroom in person or outside a classroom and which may include mixed age level groupings; and (C) that is under the supervision of a teacher or tutor.

(13) If located in the same public or private school building: (A) a preschool program that is operated by the public or private school; and (B) either or both of the following: (i) A child care program described in subdivision (9). (ii) A school age child care program described in subdivision (10)

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 well being of children in care including but not limited to:**

- b. Staff to child ratios and group size,**
- c. Active supervision,**
- d. Comprehensive criminal history checks,**

- e. 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,
 - f. A safe environment that does not jeopardize the well-being of children,
 - g. Daily activities appropriate to the developmental needs of children, and
 - h. Nutritious, adequately timed meals and snacks.
- b. License-exempt family child care. Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **Sec. 3.5. A child care provider is eligible to receive a voucher payment if the provider complies with this chapter and: (1) does not receive regular compensation; (2) cares only for children who are related to the provider; (3) cares for less than eight (8) children, not including children for whom the provider is a parent, stepparent, guardian, custodian, or other relative; or (4) operates to serve migrant children**
 - ii. 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. **Sec. 3.5. A child care provider is eligible to receive a voucher payment if the provider complies with this chapter and: (1) does not receive regular compensation; (2) cares only for children who are related to the provider; (3) cares for less than eight (8) children, not including children for whom the provider is a parent, stepparent, guardian, custodian, or other relative; or (4) operates to serve migrant children (5) providers child care for less than six (6) hours per day, but not more than thirty (30) hours per week.**
 - 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 well being of children in care including but not limited to:**
 - j. Staff to child ratios and group size,
 - k. Active supervision,
 - l. Comprehensive criminal history checks,
 - m. 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,

- n. A safe environment that does not jeopardize the well-being of children,
 - o. Daily activities appropriate to the developmental needs of children, and
 - p. Nutritious, adequately timed meals and snacks.
- c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements.
3.5 IN-HOME CARE (NANNY CARE) 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.
 - ii. 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. **N/A**
 - 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 well being of children in care including but not limited to:**
 - j. Staff to child ratios and group size,
 - k. Active supervision,
 - l. Comprehensive criminal history checks,
 - m. 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,
 - n. A safe environment that does not jeopardize the well-being of children,
 - o. Daily activities appropriate to the developmental needs of children, and
 - p. Nutritious, adequately timed meals and snacks.

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff: child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the [Lead Agency](#) defines the following age classifications (e.g., 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 12 months old.**
- b. Toddler. Describe: **A child who is 12 months and one day to 36 months old (3 yrs).**
- c. Preschool. Describe: **Children at least three (3) years and one day and not yet attending first grade.**
- d. School-Age. Describe: **Children attending first grade until the age of 13.**
Children ages 13-18 may attend as a school-age child if they have a documented special need.

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

- a. Licensed CCDF center-based care:
 - i. Infant.

Ratio: 4:1, 4 children to 1 adult
Group size: 8 children
 - ii. Toddler.

Ratio: 5:1, 5 children to 1 adult
Group size: 10 children
 - iii. Preschool.

Ratio: 7:1, 30-36 months, 7 children to one adult
10:1, three-year-olds, 10 children to one adult
12:1, four-year-olds, 12 children to one adult
15:1, five-year-olds and older, 15 children to one adult
Group size: Two-year-olds 10 children;
30-36 months 14 children;
three-year-olds 20 children;

**four-year-olds 24 children;
five-year-olds and older 30 children**

- iv. School-Age.
 - Ratio: **15:1, 15 children to one adult**
 - Group size: **30 children**
- v. Mixed-Age Groups (if applicable).
 - 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**
 - 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**

b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

- i. [] Not applicable. There are no differences in ratios and group size requirements.
- ii. Infant: **N/A**
- iii. Toddler: **N/A**
- iv. Preschool: **N/A**
- v. School-Age: **Ratio 20:1, 20 children to one adult. Group size 40 children**
- vi. Mixed-Age Groups: **N/A**

c. Licensed CCDF family child care home providers:

- i. Infant (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**
- ii. Toddler (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**
- iii. Preschool (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**
- iv. School-Age (if applicable)
 - Ratio: **N/A**
 - Group size: **N/A**

v. Mixed-Age Groups

Ratio: **Infant/Toddler Mixed (Birth-24 months) 6:1*** (6 children to one adult); *Two (2) of the six (6) children must be at least sixteen (16) months of age and walking. Otherwise the ratio is 4:1 (4 children to one adult); **Mixed Age Groups (Birth-6 years) 10:1*** (10 children to one adult); *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** (12 children to one adult).

Group size: **Class one child care homes have a capacity of 12 unrelated children plus 3 school agers, Class two child care homes have a capacity of 16 unrelated children.**

d. Are any of the responses above different for license-exempt family child care homes?

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **License exempt child care home capacity is 7 unrelated children.**

Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

i. Infant (if applicable)

Ratio: **N/A**

Group size: **N/A**

ii. Toddler (if applicable)

Ratio: **N/A**

Group size: **N/A**

iii. Preschool (if applicable)

Ratio: **N/A**

Group size: **N/A**

iv. School-Age (if applicable)

Ratio: **N/A**

Group size: **N/A**

v. Mixed-Age Groups (if applicable)

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**.

Group size: **Maximum of 7 unrelated children**

f. Are any of the responses above different for license-exempt in-home care?

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served.

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

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 (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **470 IAC 3-4.7-25 Lead caregiver qualifications Sec. 25.** (a) Lead caregivers shall have a minimum of one (1) of the following: (1) A current CDA credential. (2) A bachelor of arts or bachelor of science degree in early childhood education or elementary education with a kindergarten endorsement and grades of C or better from an accredited college or university. (3) A bachelor of arts or bachelor of science degree from an accredited college or university that includes one (1) of the following: (A) Fifteen (15) credit hours in college level courses with document content relating to the needs, skills, development, or teaching methods of children six (6) years of age or younger and grades of C or better. (B) A two (2) year associate's degree in early childhood education from an accredited college or university, with a grade of C or better. (b) Lead caregivers that do not meet these qualifications shall: (1) have eight (8) hours additional in-service training per year appropriate to the age group with which the caregiver is working; (2) enroll in one (1) of the educational programs listed in subsection (a) within one (1) year of becoming a lead caregiver; and (3) provide documentation showing successful completion of at least six (6) credit hours per year
- ii. **470 IAC 3-4.7-24 Caregiver qualifications 24.** All caregivers counted in child/staff ratios shall meet the following qualifications: (1) They shall be at least eighteen (18) years of age. (2) They shall have a high school diploma or shall have passed an equivalency test. (3) They shall have reading skills to be able to read the following: (A) Emergency information. (B) Prescription labels. (C) First aid and emergency evacuation directives. (D) Menus. (E) Medical information. (F) Special dietary information. (G) Intake information on children. (4) They shall have writing skills to be able to document the following: (A) Accident reports and significant occurrences. (B) The time and administering of medication. (C) Diapering and feeding information. (D) The developmental progress of children. (5) All early childhood professionals who were employed as a caregiver prior to December 1, 1985, are exempt from the specific educational requirements for this position provided that his or her position continues as an early childhood professional at that child care center
- 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: **Sec. 21. (a) The director shall be a minimum of twenty-one (21) years of age. (b) Each child care center must employ a qualified person to carry out the responsibilities of the director. (c) The director shall meet one (1) of the following minimum education and experience qualifications: (1) A bachelor of arts or bachelor of science degree from an accredited college or university in early childhood education or elementary education with a kindergarten endorsement and grades of C or better. (2) Any bachelor of arts or bachelor of science degree from an accredited college or university must include one (1) of the following: (A) Fifteen (15) credit hours in college level courses with documented content relating to the needs, skills, development, or teaching methods of children six (6) years of age or younger and grades of C or better. (B) A CDA. (3) A two (2) year associate's 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. (d) All directors who were employed as a director prior to December 1, 1985, are exempt from the specific educational requirements for this position provided that his or her position continues as a director at that child care center**

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **IC 12-17.2-5-6.3 Class I child care home Sec. 6.3. (a) To qualify for a license to operate a class I child care home under this chapter, a person must do the following: (1) Provide documentation to the division that the licensee has received a high school diploma or a high school equivalency certificate as described in IC 12-14-5-2. (2) Provide documentation to the division that the licensee: (A) has completed; (B) is enrolled in; or (C) agrees to complete within the next three (3) years; a child development associate credential program or a similar program approved by the division. (3) Complete the training course taught or approved by the division concerning safe sleeping practices for a child within the person's care as described in IC 12-17.2-2-1(10).**

470 IAC 3-1.1-33.5 Staff orientation, training, and development Authority: IC 12- 13-5-3 Affected: IC 12-17.2 Sec. 33.5. (a) Direct child care providers, including volunteers, shall receive training in fire prevention and safety procedures within one (1) week of starting employment or volunteer work. (b) Direct child care providers, including volunteers, shall receive training in the following within thirty (30) days of starting employment or volunteer work: (1) The child care home inspection checklist. (2) Confidential treatment of personal information about children in care and their families. (3) Procedures for preventing, detecting, and reporting suspected child abuse and neglect. (4) Universal precautions. (c) Direct child care providers shall complete a first aid course every three (3) years which includes training for the emergency treatment of poisoning, seizures, hemorrhaging, and choking. The course must also include training in artificial respiration. Training shall be completed within ninety (90) days of starting employment or volunteer work. (d) At least one (1) direct child care provider shall be trained in pediatric cardiopulmonary resuscitation training annually and shall be on the premises at all times.

c. Licensed, regulated, or registered in-home care (care in the child's own home by a non-

relative)

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **Minimum of 18 years old in order to be alone with children (can work in program age 14 and above)**

b. Child abuse and neglect detection and prevention training

c. Orientation training

d. 12 hours of in-service training per year

e. Safe sleep training certification (if serving infants)

f. Drug test

g. TB test

h. Heath and safety modules 1-3, module 4 if serving school-age

i. CPR certification (one certified caregiver on site at all times)

j. First Aid Certification

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

a. License-exempt center-based child care. **Minimum of 18 years old in order to be alone with children (can work in program age 14 and above)**

b. Child abuse and neglect detection and prevention training

c. Orientation training

d. 12 hours of in-service training per year

e. Safe sleep training certification (if serving infants)

f. Drug test

g. TB test

h. Heath and safety modules 1-3, module 4 if serving school-age

i. CPR certification (one certified caregiver on site at all times)

j. First Aid Certification

b. License-exempt home-based child care. **Minimum of 18 years old in order to be alone with children (can work in program age 14 and above)**

b. **Child abuse and neglect detection and prevention training**

c. **Orientation training**

d. **12 hours of in-service training per year (if children are unrelated to the caregiver)**

e. **Safe sleep training certification (if serving infants)**

f. **Drug test**

g. **TB test**

h. **Heath and safety modules 1-3, module 4 if serving school-age**

i. **CPR certification (one certified caregiver on site at all times)**

j. First Aid Certification

c. License-exempt in-home care (care in the child's own home). **Minimum of 18 years old in order to be alone with children (can work in program age 14 and above)**

b. **Child abuse and neglect detection and prevention training**

c. **Orientation training**

d. **12 hours of in-service training per year (if children in care are unrelated to the caregiver)**

e. **Safe sleep training certification (if serving infants)**

f. **Drug test**

g. **TB test**

h. **Heath and safety modules 1-3, module 4 if serving school-age**

i. **CPR certification (one certified caregiver on site at all times)**

j. First Aid Certification

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers 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. 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 by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **470 IAC 3-4.7-15**
Personnel policies Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 15. (a) The center shall have written personnel policies available to staff at all times. (b) The center shall establish and maintain a written policy that prohibits smoking on the child care premises. (c) The center's 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. (2) Injuries and noninfectious diseases, including, but not limited to, the following: (A) Back injuries. (B) Bites. (C) Dermatitis. (3) Stress. (4) Environmental exposures, including, but not limited to, the following: (A) Art materials. (B) Formaldehyde (indoor air pollution). (C) Noise. (D) Disinfecting solutions. (E) Latex

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Indiana does not have a law or promulgated rule regarding this requirement, the following information is in the home interpretive guide which is available to all home child care providers on the FSSA website: 470 IAC 3-1.2-6 Diaper changing and toilet training Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 6.** (a) The licensee shall provide an area for diaper changing with a washable surface on which the infant or toddler may be placed. The diaper changing surface must have waterproof material between the child and the surface of the changing area. This material shall be changed after each use. The diaper changing area shall be sanitized daily and when soiled. (b) Licensee shall supply a covered container for wet or soiled diapers. (c) Direct child care providers changing diapers shall wash their hands with soap and running water after each diaper change. Intent: To protect the children from diseases particularly those diseases with a fecal-oral transmission. ○ **Assessment Method: Observe caregiver changing a child's diaper to determine**

that: There is an area designated for changing diapers There is a washable and sanitizable surface on which the child is placed and it is fully intact There is a waterproof material placed between the child and the diaper changing surface. The paper must be equal to the length of the child from neck to feet. That this material is changed after each use That the diaper changing surface is sanitized daily and when soiled with an appropriate sanitizing solution That the caregiver washes his/her hands with soap and running water after each diaper change. Hands shall be washed prior to touching the clean diaper. If gloves are used, the dirty gloves shall be removed prior to touching the clean diaper. There is a covered trash receptacle is close by for soiled diapers and diaper changing materials. If it is not possible to observe a diaper change, interview the caregiver to determine if they are familiar with the procedure. Educate caregiver on the reasons for the steps in the procedure. (d) When a chair designed specifically for toilet training is used, direct child care provider shall empty it after each use and sanitize it at least daily. Intent: To protect children from the diseases associated with toileting. Child-sized toilets that are flushable, steps, and modified toilet seats provide for easier maintenance. Sanitary handling of potty chairs is difficult. Flushing toilets are superior to any type of device that exposes the staff to contact with feces or urine. Many communicable diseases can be prevented through appropriate hygiene and sanitation methods.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: Indiana does not have a law or promulgated rule regarding this requirement, the following information is in the home interpretive guide which is available to all home child care providers on the FSSA website: 470 IAC 3-1.2-6 Diaper changing and toilet training Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 6. (a) The licensee shall provide an area for diaper changing with a washable surface on which the infant or toddler may be placed. The diaper changing surface must have waterproof material between the child and the surface of the changing area. This material shall be changed after each use. The diaper changing area shall be sanitized daily and when soiled. (b) Licensee shall supply a covered container for wet or soiled diapers. (c) Direct child care providers changing diapers shall wash their hands with soap and running water after each diaper change. Intent: To protect the children from diseases particularly those diseases with a fecal-oral transmission. ○ Assessment Method: Observe caregiver changing a child's diaper to determine that: There is an area designated for changing diapers There is a washable and sanitizable surface on which the child is placed and it is fully intact There is a waterproof material placed between the child and the diaper changing surface. The paper must be equal to the length of the child from neck to feet. That this material is changed after each use That the diaper changing surface is sanitized daily and when soiled with an appropriate sanitizing solution That the caregiver washes his/her hands with soap and running water after each diaper change. Hands shall be washed prior to touching the clean diaper. If gloves are used, the dirty gloves shall be removed prior to touching the clean diaper. There is a covered trash receptacle is close by for soiled diapers and diaper changing materials. If it is not possible to observe a diaper change, interview the caregiver to determine if they are familiar with the procedure. Educate caregiver on the reasons for the steps in the procedure. (d) When a chair designed specifically for

toilet training is used, direct child care provider shall empty it after each use and sanitize it at least daily. Intent: To protect children from the diseases associated with toileting. Child-sized toilets that are flushable, steps, and modified toilet seats provide for easier maintenance. Sanitary handling of potty chairs is difficult. Flushing toilets are superior to any type of device that exposes the staff to contact with feces or urine. Many communicable diseases can be prevented through appropriate hygiene and sanitation methods.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational material • Safe Conditions** • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's. • Link to Free Universal Precautions Training Log in to ILEAD to get to Indiana Learning Paths: [Click Here](#) • Universal Precautions & Bloodborne Pathogen Training: [Click Here](#) • At the time a provider establishes the written policy and at the time of any subsequent change to the written policy, the provider shall: o File with your LLEP licensing consultant - OECOSL o Post in a public location in the program where the provider operates a child care program; and o Provide to the parent or guardian of each child in the care of the provider, a copy of the written policy or change.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational material • Safe Conditions** • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's. • Link to Free Universal Precautions Training Log in to ILEAD to get to Indiana Learning Paths: [Click Here](#) • Universal Precautions & Bloodborne Pathogen Training: [Click Here](#) • At the time a provider establishes the written policy and at the time of any subsequent change to the written policy, the provider shall: o File with your LLEP licensing consultant - OECOSL o Post in a public location in the program where the provider operates a child care program; and o Provide to the parent or guardian of each child in the care of the provider, a copy of the written policy or change.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational material • Safe Conditions** • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor

vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's. • Link to Free Universal Precautions Training Log in to ILEAD to get to Indiana Learning Paths: [Click Here](#) • Universal Precautions & Bloodborne Pathogen Training: [Click Here](#) • At the time a provider establishes the written policy and at the time of any subsequent change to the written policy, the provider shall: o File with your LLEP licensing consultant - OECOSL o Post in a public location in the program where the provider operates a child care program; and o Provide to the parent or guardian of each child in the care of the provider, a copy of the written policy or change.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational material** • **Safe Conditions** • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's. • Link to Free Universal Precautions Training Log in to ILEAD to get to Indiana Learning Paths: [Click Here](#) • Universal Precautions & Bloodborne Pathogen Training: [Click Here](#) • At the time a provider establishes the written policy and at the time of any subsequent change to the written policy, the provider shall: o File with your LLEP licensing consultant -OECOSL o Post in a public location in the program where the provider operates a child care program; and o Provide to the parent or guardian of each child in the care of the provider, a copy of the written policy or change.

b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **IC 12-17.2-4-18.1 Immunizations Sec. 18.1. (a) After December 31, 2002, a licensee shall maintain and annually update documentation provided by the physician of each child who is cared for in a child care center where the licensee provides child care that the child has received complete age appropriate immunizations, including: (1) conjugated pneumococcal vaccine; and (2) varicella vaccine or a demonstrated immunity to varicella. The Indiana department of health shall determine for each age level the immunizations that constitute complete age-appropriate immunizations. (b) A licensee meets the requirement of subsection (a) if: (1) a child's parent: (A) objects to immunizations for religious reasons; and (B) provides documentation of the parent's objection; (2) the child's physician provides**

documentation of a medical reason the child should not be immunized; or (3) the child's physician provides documentation that the child is currently in the process of receiving complete age appropriate immunizations; and the licensee maintains and annually updates the documentation provided by the parent or physician under this subsection **ii. 470 IAC 3-4.7-86 Child health requirements Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 86.** (a) Within thirty (30) days after enrollment or no earlier than twelve (12) months prior to enrollment, each child shall have written verification of a physical examination by a physician or a nurse practitioner. (b) The examination shall include the following: (1) Child's medical history. (2) Physical examination. (3) A written statement there is no health condition that would be hazardous either to the child or to other children in the child care center as a result of participation in the program of activities. (4) A written statement regarding modification of plans of care which require special attention because of medical conditions or allergies. (c) Written orders for each medication taken at the child care center. (d) Documentation of complete age-appropriate immunizations, as required by the division with recommendation from ISDH, and updated annually, including: (1) conjugated pneumococcal vaccine; and (2) varicella vaccine or written documented history of disease by either the parent or child's health provider. (e) Health records may be transferred if the physical exam is dated within a year. (f) Children two (2) years of age and younger shall have an annual health examination. (g) A provider shall maintain current documentation for each child. (h) A parent may request that their child be exempt from immunizations, physical examinations, or medical treatment based on religious beliefs with the following conditions: (1) The parent shall make a signed, written request for exemption based on religious beliefs. (2) The center shall keep the request in the child's health record. (3) Nothing in this provision precludes the child care center from using emergency first aid techniques to treat the exempted child or to exclude a child where control of contagious disease may be necessary. (i) If a child's physician determines that a child should not have immunizations for medical reasons, the physician shall indicate and update annually these exceptions on the child's health record form. (j) Only children that meet the health requirements of this rule may attend the child care center. **(Division of Family Resources; 470 IAC 3-4.7-86; filed Aug 11, 2003, 3:00 p.m.: 27 IR 142)**

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **IC 12-17.2-5-18.1 Immunizations Sec. 18.1.** (a) After December 31, 2002, a licensee shall maintain and annually update documentation provided by the physician of each child who is cared for in a child care home where the licensee provides child care that the child has received complete age appropriate immunizations, including: (1) conjugated pneumococcal vaccine; and (2) varicella vaccine or a demonstrated immunity to varicella. The Indiana department of health shall determine for each age level the immunizations that constitute complete age appropriate immunizations. (b) A licensee meets the requirement of subsection (a) if: (1) a child's parent: (A) objects to immunizations for religious reasons; and (B) provides documentation of the parent's objection; (2) the child's physician provides documentation of a medical reason the child should not be immunized; or (3) the child's physician provides documentation that the child is currently in the process

of receiving complete age appropriate immunizations; and the licensee maintains and annually updates the documentation provided by the parent or physician under this subsection. As added by P.L.121-2002, SEC.3. Amended by P.L.18-2003, SEC.31; P.L.56-2023, SEC.121. iv. 470 IAC 3-1.1-37 Requirements for admission to the home Authority: IC 12-13- 5-3 Affected: IC 12-17.2 Sec. 37. (a) Prior to acceptance of children, the caregiver shall have the parent or legal guardian: (1) complete and sign an enrollment form for the child; (2) complete and sign a release for emergency medical care for the child; (3) sign a copy of the licensee's written discipline policy; and (4) see all areas of the home and property to be used for child care. (b) Within thirty (30) days of a child's admission, the licensee shall receive a written statement from the child's parent or legal guardian signed by a physician or a certified nurse practitioner which states the following: (1) That the child can participate in the child care home's activities. (2) That the child has had immunizations which are up-to-date for the child's age. (3) Whether the child has allergies or any chronic health conditions. (c) Caregiver shall inform the parent or legal guardian of their right to request in writing an exemption of the medical requirements as required by this section based upon their religious beliefs. Nothing in this subsection precludes the child care home from using emergency measures to treat such a child by first aid techniques or to exclude the child where control of a contagious disease may be necessary. (d) A child shall not be required to comply with subsection (b)(2) and (b)(3) when the parent or legal guardian has provided a signed statement regarding religious exemptions to the care home licensee. (e) Neither licensee nor caregiver shall discriminate relative to the admission of children on the basis of race, color, religion, sex, national origin, ancestry, or handicap. (f) Caregiver shall inform the parent or legal guardian that unscheduled visits by a custodial parent or guardian shall be permitted at any time the child care home is in operation. (Division of Family Resources; 470 IAC 3-1.1-37; filed Nov 14, 1991, 1:00 p.m.: 15 IR 499; filed Jul 3, 1996, 5:00 p.m.: 19 IR 3066; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **IC 12-17.2-5-18.1 Immunizations Sec. 18.1.** (a) After December 31, 2002, a licensee shall maintain and annually update documentation provided by the physician of each child who is cared for in a child care home where the licensee provides child care that the child has received complete age appropriate immunizations, including: (1) conjugated pneumococcal vaccine; and (2) varicella vaccine or a demonstrated immunity to varicella. The Indiana department of health shall determine for each age level the immunizations that constitute complete age appropriate immunizations. (b) A licensee meets the requirement of subsection (a) if: (1) a child's parent: (A) objects to immunizations for religious reasons; and (B) provides documentation of the parent's objection; (2) the child's physician provides documentation of a medical reason the child should not be immunized; or (3) the child's physician provides documentation that the child is currently in the process of receiving complete age appropriate immunizations; and the licensee maintains and annually updates the documentation provided by the parent or physician under this subsection. As added by P.L.121-2002, SEC.3. Amended by P.L.18-2003, SEC.31; P.L.56-2023, SEC.121. iv. 470 IAC 3-1.1-37 Requirements for admission to the home Authority: IC 12-13- 5-3 Affected: IC 12-17.2 Sec. 37. (a) Prior to

acceptance of children, the caregiver shall have the parent or legal guardian: (1) complete and sign an enrollment form for the child; (2) complete and sign a release for emergency medical care for the child; (3) sign a copy of the licensee's written discipline policy; and (4) see all areas of the home and property to be used for child care. (b) Within thirty (30) days of a child's admission, the licensee shall receive a written statement from the child's parent or legal guardian signed by a physician or a certified nurse practitioner which states the following: (1) That the child can participate in the child care home's activities. (2) That the child has had immunizations which are up-to-date for the child's age. (3) Whether the child has allergies or any chronic health conditions. (c) Caregiver shall inform the parent or legal guardian of their right to request in writing an exemption of the medical requirements as required by this section based upon their religious beliefs. Nothing in this subsection precludes the child care home from using emergency measures to treat such a child by first aid techniques or to exclude the child where control of a contagious disease may be necessary. (d) A child shall not be required to comply with subsection (b)(2) and (b)(3) when the parent or legal guardian has provided a signed statement regarding religious exemptions to the care home licensee. (e) Neither licensee nor caregiver shall discriminate relative to the admission of children on the basis of race, color, religion, sex, national origin, ancestry, or handicap. (f) Caregiver shall inform the parent or legal guardian that unscheduled visits by a custodial parent or guardian shall be permitted at any time the child care home is in operation. (Division of Family Resources; 470 IAC 3-1.1-37; filed Nov 14, 1991, 1:00 p.m.: 15 IR 499; filed Jul 3, 1996, 5:00 p.m.: 19 IR 3066; readopted filed Jul 12, 2001, 1:40 p.m.: 24 IR 4235)

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **470 IAC 3-18-17 Immunization records Authority: IC 12-13- 5-3; IC 12-17.2-3.5-15 Affected: IC 12-17.2-3.5 Sec. 17. (a) The provider shall maintain and annually update documentation provided by a health care professional for each child who is cared for in a facility indicating that the child has received complete age appropriate immunizations as determined by the state department of health including the following: (1) Conjugated pneumococcal vaccine. (2) Varicella vaccine or a demonstrated immunity to varicella. (b) The provider's records must include the following: (1) A current list of all children cared for at the facility. (2) The child's date of birth. (3) The month, day, and year of each immunization received or: (A) a written statement from the child's physician, updated annually, stating a medical reason the child should not be immunized; or (B) written documentation, updated annually, that the parent objects to immunizations for religious reasons. (c) The documentation required by this section shall be made available to the verifying agency. (Division of Family Resources; 470 IAC 3-18- 17; filed Oct 14, 2004, 2:50 p.m.: 28 IR 954)**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **470 IAC 3-18-17 Immunization records Authority: IC 12-13- 5-3; IC 12-17.2-3.5-15 Affected: IC 12-17.2-3.5 Sec. 17. (a) The provider shall maintain and annually update documentation provided by a health care professional for each child who is cared for in a facility indicating that the child has received complete age**

appropriate immunizations as determined by the state department of health including the following: (1) Conjugated pneumococcal vaccine. (2) Varicella vaccine or a demonstrated immunity to varicella. (b) The provider's records must include the following: (1) A current list of all children cared for at the facility. (2) The child's date of birth. (3) The month, day, and year of each immunization received or: (A) a written statement from the child's physician, updated annually, stating a medical reason the child should not be immunized; or (B) written documentation, updated annually, that the parent objects to immunizations for religious reasons. (c) The documentation required by this section shall be made available to the verifying agency. (Division of Family Resources; 470 IAC 3-18-17; filed Oct 14, 2004, 2:50 p.m.: 28 IR 954)

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **470 IAC 3-18-17 Immunization records Authority: IC 12-13- 5-3; IC 12-17.2-3.5-15 Affected: IC 12-17.2-3.5 Sec. 17.** (a) The provider shall maintain and annually update documentation provided by a health care professional for each child who is cared for in a facility indicating that the child has received complete age appropriate immunizations as determined by the state department of health including the following: (1) Conjugated pneumococcal vaccine. (2) Varicella vaccine or a demonstrated immunity to varicella. (b) The provider's records must include the following: (1) A current list of all children cared for at the facility. (2) The child's date of birth. (3) The month, day, and year of each immunization received or: (A) a written statement from the child's physician, updated annually, stating a medical reason the child should not be immunized; or (B) written documentation, updated annually, that the parent objects to immunizations for religious reasons. (c) The documentation required by this section shall be made available to the verifying agency. (Division of Family Resources; 470 IAC 3-18- 17; filed Oct 14, 2004, 2:50 p.m.: 28 IR 954)
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **470 IAC 3-18-17 Immunization records Authority: IC 12-13- 5-3; IC 12-17.2-3.5-15 Affected: IC 12-17.2-3.5 Sec. 17.** (a) The provider shall maintain and annually update documentation provided by a health care professional for each child who is cared for in a facility indicating that the child has received complete age appropriate immunizations as determined by the state department of health including the following: (1) Conjugated pneumococcal vaccine. (2) Varicella vaccine or a demonstrated immunity to varicella. (b) The provider's records must include the following: (1) A current list of all children cared for at the facility. (2) The child's date of birth. (3) The month, day, and year of each immunization received or: (A) a written statement from the child's physician, updated annually, stating a medical reason the child should not be immunized; or (B) written documentation, updated annually, that the parent objects to immunizations for religious reasons. (c) The documentation required by this section shall be made available to the verifying agency. (Division of Family Resources; 470 IAC 3-18- 17; filed Oct 14, 2004, 2:50 p.m.: 28 IR 954)

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **The center director and all staff who care for children under the age of 12 months are required to complete the safe sleep training modules in Indiana Learning Paths and to follow safe sleep practices. The law that is cited when programs are found to be out of compliance with this practice is below. At this time, Indiana does not have a law/rule regarding following safe sleep practices that is separate from the penalties for not following safe sleep practices. The office is working to add a separate rule regarding following safe sleep practices through rule promulgation.**

IC 12-17.2-4-4.1 Safe sleeping practices; violations; penalties Sec. 4.1. (a) A licensee that cares for children who are less than twelve (12) months of age shall: (1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices; and (2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices. (b) If a licensee violates subsection (a), the division may do the following with respect to each violation determined during an inspection of the child care center: (1) On the first inspection during which a violation is determined during a licensure period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation. (2) On the second inspection during which a violation is determined during period, impose a civil penalty of fifty dollars (\$50) for each violation determined during the inspection. (3) On the third inspection during which a violation is determined during a licensure period, impose a civil penalty of seventy-five dollars (\$75) for each violation determined during the inspection. (4) On the fourth inspection during which a violation is determined during a licensure period: (A) place the child care center's license on probation for not more than six (6) months; and (B) impose a civil penalty of one hundred dollars (\$100) for each violation determined during the inspection. (5) On the fifth inspection during which a violation is determined during a licensure period: (A) suspend or revoke the child care center's license for one (1) year; and (B) impose a civil penalty of two hundred fifty dollars (\$250) for each violation determined during the inspection. (c) The division shall send to the licensee written notice: (1) of an action taken under subsection (b), specifying the reason for the action and amount of any monetary civil penalty; and (2) that failure to pay any monetary civil penalty may result in revocation of the child care center's license for not more than two (2) years. (d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3. (e) In addition to the actions described in subsection (b), the division may seek further disciplinary action provided for under this article, as determined by the director. **As added by P.L.53-2018, SEC.7.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The Licensee and all staff who care for children under the age of 12 months are required to complete the safe sleep training modules in Indiana Learning Paths and to follow safe sleep practices. The law that is cited when programs are found**

to be out of compliance with this practice is below. At this time, Indiana does not have a law/rule regarding following safe sleep practices that is separate from the penalties for not following safe sleep practices. The office is working to add a separate rule regarding following safe sleep practices through rule promulgation.

IC 12-17.2-5-3.7 Safe sleeping practices; violations; penalties Sec. 3.7. (a) A licensee that cares for children who are less than twelve (12) months of age shall: (1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices as required by section 6.3(a)(3) or 6.5(a)(9) of this chapter, whichever is applicable; and (2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices. (b) If a licensee violates subsection (a), the division may do the following with respect to each violation determined during an inspection of the child care home: (1) On the first inspection during which a violation is determined during a licensure period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation. (2) On the second inspection during which a violation is determined during a licensure period, impose a civil penalty of fifty dollars (\$50) for each violation determined during the inspection. (3) On the third inspection during which a violation is determined during a licensure period, impose a civil penalty of seventy-five dollars (\$75) for each violation determined during the inspection. (4) On the fourth inspection during which a violation is determined during a licensure period: (A) place the child care home's license on probation for not more than six (6) months; and (B) impose a civil penalty of one hundred dollars (\$100) for each violation determined during the inspection. (5) On the fifth inspection during which a violation is determined during a licensure period: (A) suspend or revoke the child care home's license for one (1) year; and (B) impose a civil penalty of two hundred fifty dollars (\$250) for each violation determined during the inspection. (c) The division shall send to the licensee written notice: (1) of an action taken under subsection (b), specifying the reason for the action and amount of any monetary civil penalty; and (2) that failure to pay any monetary civil penalty may result in revocation of the child care home's license for not more than two (2) years. (d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3. (e) In addition to the actions described in subsection (b), the division may seek further disciplinary action provided for under this article, as determined by the director. As added by P.L.53-2018, SEC.8.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **The Licensee and all staff who care for children under the age of 12 months are required to complete the safe sleep training modules in Indiana Learning Paths and to follow safe sleep practices.** The law that is cited when programs are found to be out of compliance with this practice is below. At this time, Indiana does not have a law/rule regarding following safe sleep practices that is separate from the penalties for not following safe sleep practices. The office is working to add a separate rule regarding following safe sleep practices through rule promulgation.

IC 12-17.2-5-3.7 Safe sleeping practices; violations; penalties Sec. 3.7. (a) A

licensee that cares for children who are less than twelve (12) months of age shall: (1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices as required by section 6.3(a)(3) or 6.5(a)(9) of this chapter, whichever is applicable; and (2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices. (b) If a licensee violates subsection (a), the division may do the following with respect to each violation determined during an inspection of the child care home: (1) On the first inspection during which a violation is determined during a licensure period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation. (2) On the second inspection during which a violation is determined during a licensure period, impose a civil penalty of fifty dollars (\$50) for each violation determined during the inspection. (3) On the third inspection during which a violation is determined during a licensure period, impose a civil penalty of seventy-five dollars (\$75) for each violation determined during the inspection. (4) On the fourth inspection during which a violation is determined during a licensure period: (A) place the child care home's license on probation for not more than six (6) months; and (B) impose a civil penalty of one hundred dollars (\$100) for each violation determined during the inspection. (5) On the fifth inspection during which a violation is determined during a licensure period: (A) suspend or revoke the child care home's license for one (1) year; and (B) impose a civil penalty of two hundred fifty dollars (\$250) for each violation determined during the inspection. (c) The division shall send to the licensee written notice: (1) of an action taken under subsection (b), specifying the reason for the action and amount of any monetary civil penalty; and (2) that failure to pay any monetary civil penalty may result in revocation of the child care home's license for not more than two (2) years. (d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3. (e) In addition to the actions described in subsection (b), the division may seek further disciplinary action provided for under this article, as determined by the director. As added by P.L.53-2018, SEC.8.

[] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **All staff who care for children under the age of 12 months are required to complete the safe sleep training modules in Indiana Learning Paths and to follow safe sleep practices. The law that is cited when programs are found to be out of compliance with this practice is below. At this time, Indiana does not have a law/rule regarding following safe sleep practices that is separate from the penalties for not following safe sleep practices. The office is working to add a separate rule regarding following safe sleep practices through rule promulgation.**

IC 12-17.2-3.5-12.5 Safe sleeping practices; violations; penalties Sec. 12.5. (a) A provider that cares for children who are less than twelve (12) months of age shall: (1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices; and (2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices. (b) If a provider violates subsection (a), the division may do the

following with respect to each violation determined during an inspection of the facility where the provider operates a child care program: (1) On the first inspection during which a violation is determined during a licensure period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation. (2) On the second inspection during which a violation is determined during a licensure period, impose a civil penalty of fifty dollars (\$50) for each violation determined during the inspection. (3) On the third inspection during which a violation is determined during a licensure period, impose a civil penalty of seventy-five dollars (\$75) for each violation determined during the inspection. (4) On the fourth inspection during which a violation is determined during a licensure period: (A) decertify the provider for not more than six (6) months; and (B) impose a civil penalty of one hundred dollars (\$100) for each violation determined during the inspection. (5) On the fifth inspection during which a violation is determined during a licensure period: (A) decertify the provider for one (1) year; and (B) impose a civil penalty of two hundred fifty dollars (\$250) for each violation determined during the inspection. (c) The division shall send to the provider written notice: (1) of an action taken under subsection (b), specifying the reason for the action and amount of any monetary civil penalty; and (2) that failure to pay any monetary civil penalty may result in decertification of the provider for not more than two (2) years. (d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3. (e) In addition to the actions described in subsection (b), the division may seek further disciplinary action provided for under this article, as determined by the director.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: All staff who care for children under the age of 12 months are required to complete the safe sleep training modules in Indiana Learning Paths and to follow safe sleep practices. The law that is cited when programs are found to be out of compliance with this practice is below. At this time, Indiana does not have a law/rule regarding following safe sleep practices that is separate from the penalties for not following safe sleep practices. The office is working to add a separate rule regarding following safe sleep practices through rule promulgation.

IC 12-17.2-3.5-12.5 Safe sleeping practices; violations; penalties Sec. 12.5. (a) A provider that cares for children who are less than twelve (12) months of age shall: (1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices; and (2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices. (b) If a provider violates subsection (a), the division may do the following with respect to each violation determined during an inspection of the facility where the provider operates a child care program: (1) On the first inspection during which a violation is determined during a licensure period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation. (2) On the second inspection during which a violation is determined during a licensure period, impose a civil penalty of fifty dollars (\$50) for each violation determined during the inspection. (3) On the third inspection during which a violation is determined during a

licensure period, impose a civil penalty of seventy-five dollars (\$75) for each violation determined during the inspection. (4) On the fourth inspection during which a violation is determined during a licensure period: (A) decertify the provider for not more than six (6) months; and (B) impose a civil penalty of one hundred dollars (\$100) for each violation determined during the inspection. (5) On the fifth inspection during which a violation is determined during a licensure period: (A) decertify the provider for one (1) year; and (B) impose a civil penalty of two hundred fifty dollars (\$250) for each violation determined during the inspection. (c) The division shall send to the provider written notice: (1) of an action taken under subsection (b), specifying the reason for the action and amount of any monetary civil penalty; and (2) that failure to pay any monetary civil penalty may result in decertification of the provider for not more than two (2) years. (d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3. (e) In addition to the actions described in subsection (b), the division may seek further disciplinary action provided for under this article, as determined by the director.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: All staff who care for children under the age of 12 months are required to complete the safe sleep training modules in Indiana Learning Paths and to follow safe sleep practices. The law that is cited when programs are found to be out of compliance with this practice is below. At this time, Indiana does not have a law/rule regarding following safe sleep practices that is separate from the penalties for not following safe sleep practices. The office is working to add a separate rule regarding following safe sleep practices through rule promulgation.

IC 12-17.2-3.5-12.5 Safe sleeping practices; violations; penalties Sec. 12.5. (a) A provider that cares for children who are less than twelve (12) months of age shall: (1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices; and (2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices. (b) If a provider violates subsection (a), the division may do the following with respect to each violation determined during an inspection of the facility where the provider operates a child care program: (1) On the first inspection during which a violation is determined during a licensure period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation. (2) On the second inspection during which a violation is determined during a licensure period, impose a civil penalty of fifty dollars (\$50) for each violation determined during the inspection. (3) On the third inspection during which a violation is determined during a licensure period, impose a civil penalty of seventy-five dollars (\$75) for each violation determined during the inspection. (4) On the fourth inspection during which a violation is determined during a licensure period: (A) decertify the provider for not more than six (6) months; and (B) impose a civil penalty of one hundred dollars (\$100) for each violation determined during the inspection. (5) On the fifth inspection during which a violation is determined during a licensure period: (A) decertify the provider for one (1) year; and (B) impose a civil penalty of two hundred fifty dollars (\$250) for each violation determined during the

inspection. (c) The division shall send to the provider written notice: (1) of an action taken under subsection (b), specifying the reason for the action and amount of any monetary civil penalty; and (2) that failure to pay any monetary civil penalty may result in decertification of the provider for not more than two (2) years. (d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3. (e) In addition to the actions described in subsection (b), the division may seek further disciplinary action provided for under this article, as determined by the director.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All staff who care for children under the age of 12 months are required to complete the safe sleep training modules in Indiana Learning Paths and to follow safe sleep practices.** The law that is cited when programs are found to be out of compliance with this practice is below. At this time, Indiana does not have a law/rule regarding following safe sleep practices that is separate from the penalties for not following safe sleep practices. The office is working to add a separate rule regarding following safe sleep practices through rule promulgation.

IC 12-17.2-3.5-12.5 Safe sleeping practices; violations; penalties Sec. 12.5. (a) A provider that cares for children who are less than twelve (12) months of age shall: (1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices; and (2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices. (b) If a provider violates subsection (a), the division may do the following with respect to each violation determined during an inspection of the facility where the provider operates a child care program: (1) On the first inspection during which a violation is determined during a licensure period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation. (2) On the second inspection during which a violation is determined during a licensure period, impose a civil penalty of fifty dollars (\$50) for each violation determined during the inspection. (3) On the third inspection during which a violation is determined during a licensure period, impose a civil penalty of seventy-five dollars (\$75) for each violation determined during the inspection. (4) On the fourth inspection during which a violation is determined during a licensure period: (A) decertify the provider for not more than six (6) months; and (B) impose a civil penalty of one hundred dollars (\$100) for each violation determined during the inspection. (5) On the fifth inspection during which a violation is determined during a licensure period: (A) decertify the provider for one (1) year; and (B) impose a civil penalty of two hundred fifty dollars (\$250) for each violation determined during the inspection. (c) The division shall send to the provider written notice: (1) of an action taken under subsection (b), specifying the reason for the action and amount of any monetary civil penalty; and (2) that failure to pay any monetary civil penalty may result in decertification of the provider for not more than two (2) years. (d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3. (e) In addition to the actions described in subsection (b), the division may seek further

disciplinary action provided for under this article, as determined by the director.

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **470 IAC 3-4.7-40** Children's medication records Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 40. (a) Records regarding dispensing of medication to children shall be maintained at the child care center and shall contain the following: (1) The child's name. (2) The name of the medication. (3) The dosage given. (4) The date and time given. (5) The full name of caregivers who administered medication. (b) If a parent requested medication to be given and it was not administered, caregivers shall write the reason on the medication record. (c) The center shall keep these records for a minimum of one (1) year. (Division of Family Resources;

470 IAC 3-4.7-40; filed Aug 11, 2003, 3:00 p.m.: 27 IR 129) ii. **470 IAC 3-4.7-88** Medication Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 88. (a) Each child care center may have one (1) pain or fever reducing medication, one (1) cough medication, and one (1) antihistamine decongestant on the premises as follows: (1) The child care center's health consultant shall specify these medications by name in the child care center's written approved health program renewed every two (2) years, and renew written instructions every two (2) years. (2) Caregivers shall administer the specified medication as directed on the label of the medication or as specified by the consulting physician. (3) Parent permission forms for administering this medication shall be on file for each child to whom the medication is given. (b) The giving or application of all other medication and carrying out medical procedures shall be done only on written order or prescription from a physician or other health care professional authorized to write prescriptions, which must be kept with the medication. (c) All individual nonprescription medicine orders must be renewed annually for children under two (2) years of age and every two (2) years for children two (2) years of age and older. (d) Caregivers shall obtain the reason for administration of the medication and written parental permission prior to the administering of medication. (e) All pharmacy-labeled prescription medication must be renewed annually and kept in currently labeled containers. (f) The written order or the pharmacy label must show the following: (1) The name of the child. (2) The name of the specific medication. (3) The dosage of medication to be administered. (4) Why it is to be given (for nonprescription medication). (5) The frequency/interval to be given. (6) The physician's name. (7) The date the prescription was filled or the order was written. (g) Medication shall be kept in the original container. (h) When no longer needed, medication shall be returned to the parents or destroyed. (i) Medication not requiring refrigeration shall be kept locked in a cabinet or container that is in a well-lit area, fifty (50) footcandles, and shall not be stored in the kitchen or in a bathroom. (j) Medication labeled refrigerate shall be stored in tightly lidded, washable containers marked refrigerator. (k) The center shall

not store medication beyond the: (1) expired date on the label; (2) expired written physician order; and (3) prescription label older than one (1) year. (l) With parent's written approval, centers may use preventive products, such as sunscreens, insect repellents, nonmedicated powder, petroleum jelly, and A & D ointment, without a physician's order. (Division of Family Resources; 470 IAC 3-4.7-88; filed Aug 11, 2003, 3:00 p.m.: 27 IR 143)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **470 IAC 3-1.1-44 Health Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 44.** (a) The child care home must keep a Red Cross First Aid Manual or its equivalent in the child care home. (b) The caregiver must maintain a first aid kit (as recommended by the American Red Cross First Aid Manual or its equivalent), including, but not limited to, syrup of ipecac with current date, in the child care home. (c) Child care providers shall see that children's hands are washed at a sink with soap and warm running water before meals and snacks and after toilet use. Direct child care providers shall not permit children to use a common washcloth or towel. (d) If a child is ill, direct child care providers shall: (1) care for the child in an area separate from the other children; (2) notify the child's parent or legal guardian; and (3) monitor the child until the parent or legal guardian arrives. (e) The caregiver shall keep the phone numbers of the ambulance, police, fire department, poison control center, and nearest hospital by the telephone. (f) Child care providers shall give or apply medication only with prior written permission from a parent or legal guardian, and only with clear, written instructions as to the dosage, time, and reason medication is to be given. Medication must be labeled with the child's name, physician's name, and pharmacy. Over-the counter medication must also be labeled with the child's name. The caregiver shall keep a record of the date, time, and dosage of medication given. (g) Pets must present no danger to children in the child care setting and are the sole responsibility of the child care home licensee. (h) Direct child care providers shall restrict all animals from food areas during preparation and serving of food.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **470 IAC 3-1.1-44 Health Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 44.** (a) The child care home must keep a Red Cross First Aid Manual or its equivalent in the child care home. (b) The caregiver must maintain a first aid kit (as recommended by the American Red Cross First Aid Manual or its equivalent), including, but not limited to, syrup of ipecac with current date, in the child care home. (c) Child care providers shall see that children's hands are washed at a sink with soap and warm running water before meals and snacks and after toilet use. Direct child care providers shall not permit children to use a common washcloth or towel. (d) If a child is ill, direct child care providers shall: (1) care for the child in an area separate from the other children; (2) notify the child's parent or legal guardian; and (3) monitor the child until the parent or legal guardian arrives. (e) The caregiver shall keep the phone numbers of the ambulance, police, fire department, poison control center, and nearest hospital by the telephone. (f) Child care providers shall give or apply medication only with prior written

permission from a parent or legal guardian, and only with clear, written instructions as to the dosage, time, and reason medication is to be given. Medication must be labeled with the child's name, physician's name, and pharmacy. Over-the counter medication must also be labeled with the child's name. The caregiver shall keep a record of the date, time, and dosage of medication given. (g) Pets must present no danger to children in the child care setting and are the sole responsibility of the child care home licensee. (h) Direct child care providers shall restrict all animals from food areas during preparation and serving of food.

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **IC 12-17.2-3.5-11 Safety • A provider shall provide a safe environment by ensuring that the following items are placed in areas that are inaccessible to children in the provider's care: – Firearms and ammunition – Poisons, chemicals, bleach, and cleaning material – Medications**

The following information is included in the LLEP interpretive guide which is posted on the FSSA website: ■ (33) All medications are appropriately recorded immediately after being administered to child(ren). Intent: To provide documentation of any medication given as a protection to both child and facility. The medication log must include all items specified: (1) The child's name. (2) The name of the medication. (3) The dosage given (4) The date and time given. (5) The full name of caregivers who administered medication. (b) If a parent requested medication to be given and it was not administered, caregiver shall write the reason on the medication record. (c) The facility shall keep these records for a minimum of one (1) year.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **IC 12-17.2-3.5-11 Safety • A provider shall provide a safe environment by ensuring that the following items are placed in areas that are inaccessible to children in the provider's care: – Firearms and ammunition – Poisons, chemicals, bleach, and cleaning material – Medications**

The following information is included in the LLEP interpretive guide which is posted on the FSSA website: ■ (33) All medications are appropriately recorded immediately after being administered to child(ren). Intent: To provide documentation of any medication given as a protection to both child and facility. The medication log must include all items specified: (1) The child's name. (2) The name of the medication. (3) The dosage given (4) The date and time given. (5) The full name of caregivers who administered medication. (b) If a parent requested medication to be given and it was not administered, caregiver shall write the reason on the medication record. (c) The facility shall keep these records for a minimum of one (1) year.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **IC 12-17.2-3.5-11 Safety • A provider shall provide a safe environment by ensuring that the following items are placed in areas that are inaccessible to children in the provider's care: – Firearms and ammunition – Poisons, chemicals, bleach, and**

cleaning material – Medications

The following information is included in the LLEP interpretive guide which is posted on the FSSA website: ■ (33) All medications are appropriately recorded immediately after being administered to child(ren). Intent: To provide documentation of any medication given as a protection to both child and facility. The medication log must include all items specified: (1) The child's name. (2) The name of the medication. (3) The dosage given (4) The date and time given. (5) The full name of caregivers who administered medication. (b) If a parent requested medication to be given and it was not administered, caregiver shall write the reason on the medication record. (c) The facility shall keep these records for a minimum of one (1) year.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **IC 12-17.2-3.5-11 Safety • A provider shall provide a safe environment by ensuring that the following items are placed in areas that are inaccessible to children in the provider's care: – Firearms and ammunition – Poisons, chemicals, bleach, and cleaning material – Medications**

The following information is included in the LLEP interpretive guide which is posted on the FSSA website: ■ (33) All medications are appropriately recorded immediately after being administered to child(ren). Intent: To provide documentation of any medication given as a protection to both child and facility. The medication log must include all items specified: (1) The child's name. (2) The name of the medication. (3) The dosage given (4) The date and time given. (5) The full name of caregivers who administered medication. (b) If a parent requested medication to be given and it was not administered, caregiver shall write the reason on the medication record. (c) The facility shall keep these records for a minimum of one (1) year.

b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **470 IAC 3-4.7-40 Children's medication records Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 40. (a) Records regarding dispensing of medication to children shall be maintained at the child care center and shall contain the following: (1) The child's name. (2) The name of the medication. (3) The dosage given. (4) The date and time given. (5) The full name of caregivers who administered medication. (b) If a parent requested medication to be given and it was not administered, caregivers shall write the reason on the medication record. (c) The center shall keep these records for a minimum of one (1) year. (Division of Family Resources; 470 IAC 3-4.7-40; filed Aug 11, 2003, 3:00 p.m.: 27 IR 129) ii. 470 IAC 3-4.7-88 Medication Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 88. (a) Each child care center may have one (1) pain or fever reducing medication, one (1) cough medication, and one (1) antihistamine decongestant on the premises as follows: (1) The child care center's health consultant shall specify these medications by name in the child care center's written approved health program renewed every two (2) years, and**

renew written instructions every two (2) years. (2) Caregivers shall administer the specified medication as directed on the label of the medication or as specified by the consulting physician. (3) Parent permission forms for administering this medication shall be on file for each child to whom the medication is given. (b) The giving or application of all other medication and carrying out medical procedures shall be done only on written order or prescription from a physician or other health care professional authorized to write prescriptions, which must be kept with the medication. (c) All individual nonprescription medicine orders must be renewed annually for children under two (2) years of age and every two (2) years for children two (2) years of age and older. (d) Caregivers shall obtain the reason for administration of the medication and written parental permission prior to the administering of medication. (e) All pharmacy-labeled prescription medication must be renewed annually and kept in currently labeled containers. (f) The written order or the pharmacy label must show the following: (1) The name of the child. (2) The name of the specific medication. (3) The dosage of medication to be administered. (4) Why it is to be given (for nonprescription medication). (5) The frequency/interval to be given. (6) The physician's name. (7) The date the prescription was filled or the order was written. (g) Medication shall be kept in the original container. (h) When no longer needed, medication shall be returned to the parents or destroyed. (i) Medication not requiring refrigeration shall be kept locked in a cabinet or container that is in a well-lit area, fifty (50) footcandles, and shall not be stored in the kitchen or in a bathroom. (j) Medication labeled refrigerate shall be stored in tightly lidded, washable containers marked medication in a refrigerator. (k) The center shall not store medication beyond the: (1) expired date on the label; (2) expired written physician order; and (3) prescription label older than one (1) year. (l) With parent's written approval, centers may use preventive products, such as sunscreens, insect repellents, nonmedicated powder, petroleum jelly, and A & D ointment, without a physician's order. (Division of Family Resources)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **470 IAC 3-1.1-44 Health Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 44.** (a) The child care home must keep a Red Cross First Aid Manual or its equivalent in the child care home. (b) The caregiver must maintain a first aid kit (as recommended by the American Red Cross First Aid Manual or its equivalent), including, but not limited to, syrup of ipecac with current date, in the child care home. (c) Child care providers shall see that children's hands are washed at a sink with soap and warm running water before meals and snacks and after toilet use. Direct child care providers shall not permit children to use a common washcloth or towel. (d) If a child is ill, direct child care providers shall: (1) care for the child in an area separate from the other children; (2) notify the child's parent or legal guardian; and (3) monitor the child until the parent or legal guardian arrives. (e) The caregiver shall keep the phone numbers of the ambulance, police, fire department, poison control center, and nearest hospital by the telephone. (f) Child care providers shall give or apply medication only with prior written permission from a parent or legal guardian, and only with clear, written instructions as to the dosage, time, and reason medication is to be given. Medication must be labeled with the child's name, physician's name, and

pharmacy. Over-the-counter medication must also be labeled with the child's name. The caregiver shall keep a record of the date, time, and dosage of medication given. (g) Pets must present no danger to children in the child care setting and are the sole responsibility of the child care home licensee. (h) Direct child care providers shall restrict all animals from food areas during preparation and serving of food. (Division of Family Resources;

iii. All CCDF-eligible licensed in-home care. Provide the standard: **470 IAC 3-1.1-44 Health Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 44. (a) The child care home must keep a Red Cross First Aid Manual or its equivalent in the child care home. (b) The caregiver must maintain a first aid kit (as recommended by the American Red Cross First Aid Manual or its equivalent), including, but not limited to, syrup of ipecac with current date, in the child care home. (c) Child care providers shall see that children's hands are washed at a sink with soap and warm running water before meals and snacks and after toilet use. Direct child care providers shall not permit children to use a common washcloth or towel. (d) If a child is ill, direct child care providers shall: (1) care for the child in an area separate from the other children; (2) notify the child's parent or legal guardian; and (3) monitor the child until the parent or legal guardian arrives. (e) The caregiver shall keep the phone numbers of the ambulance, police, fire department, poison control center, and nearest hospital by the telephone. (f) Child care providers shall give or apply medication only with prior written permission from a parent or legal guardian, and only with clear, written instructions as to the dosage, time, and reason medication is to be given. Medication must be labeled with the child's name, physician's name, and pharmacy. Over-the-counter medication must also be labeled with the child's name. The caregiver shall keep a record of the date, time, and dosage of medication given. (g) Pets must present no danger to children in the child care setting and are the sole responsibility of the child care home licensee. (h) Direct child care providers shall restrict all animals from food areas during preparation and serving of food. (Division of Family Resources;**

[] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Indiana does not have a law or promulgated rule related to medication administration regarding exempt providers. The LLEP packet that is provided to all exempt providers and is available on the FSSA website, contains the following statements: IC 12-17.2-3.5-11 Safety • A provider shall provide a safe environment by ensuring that the following items are placed in areas that are inaccessible to children in the provider's care: – Firearms and ammunition – Poisons, chemicals, bleach, and cleaning material – Medications • Medications shall be in original container to allow caregivers to read and follow directions and be aware of side effects. • The Licensing Consultant will ensure that all medications given to or apply to a child are properly administered according to the parents and physician's directions. 14 – Ensure child transported only by employee • Record of Medication Form: Click Here vii. <https://www.in.gov/fssa/carefinder/files/Legally-Licensed-Exempt-ProviderPacket-2022.pdf> viii. <https://www.in.gov/fssa/carefinder/files/Sample-Medication-Administration.pdf>**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Indiana does not have a law or promulgated rule related to medication administration regarding exempt providers. The LLEP packet that is provided to all exempt providers and is available on the FSSA website, contains the following statements: IC 12-17.2-3.5-11 Safety** • A provider shall provide a safe environment by ensuring that the following items are placed in areas that are inaccessible to children in the provider's care: – Firearms and ammunition – Poisons, chemicals, bleach, and cleaning material – Medications • Medications shall be in original container to allow caregivers to read and follow directions and be aware of side effects. • The Licensing Consultant will ensure that all medications given to or apply to a child are properly administered according to the parents and physician's directions. 14 – Ensure child transported only by employee • Record of Medication Form: Click Here vii. <https://www.in.gov/fssa/carefinder/files/Legally-Licensed-Exempt-ProviderPacket-2022.pdf> viii. <https://www.in.gov/fssa/carefinder/files/Sample-Medication-Administration.pdf>

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Indiana does not have a law or promulgated rule related to medication administration regarding exempt providers. The LLEP packet that is provided to all exempt providers and is available on the FSSA website, contains the following statements: IC 12-17.2-3.5-11 Safety** • A provider shall provide a safe environment by ensuring that the following items are placed in areas that are inaccessible to children in the provider's care: – Firearms and ammunition – Poisons, chemicals, bleach, and cleaning material – Medications • Medications shall be in original container to allow caregivers to read and follow directions and be aware of side effects. • The Licensing Consultant will ensure that all medications given to or apply to a child are properly administered according to the parents and physician's directions. 14 – Ensure child transported only by employee • Record of Medication Form: Click Here vii. <https://www.in.gov/fssa/carefinder/files/Legally-Licensed-Exempt-ProviderPacket-2022.pdf> viii. <https://www.in.gov/fssa/carefinder/files/Sample-Medication-Administration.pdf>

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Indiana does not have a law or promulgated rule related to medication administration regarding exempt providers. The LLEP packet that is provided to all exempt providers and is available on the FSSA website, contains the following statements: IC 12-17.2-3.5-11 Safety** • A provider shall provide a safe environment by ensuring that the following items are placed in areas that are inaccessible to children in the provider's care: – Firearms and ammunition – Poisons, chemicals, bleach, and cleaning material – Medications • Medications shall be in original container to allow caregivers to read and follow directions and be aware of side effects. • The Licensing Consultant will ensure that all medications given to or apply to a child are properly administered according to the parents and physician's directions. 14 – Ensure child transported only by employee • Record of Medication Form: Click Here vii. <https://www.in.gov/fssa/carefinder/files/Legally-Licensed-Exempt-ProviderPacket-2022.pdf> viii. <https://www.in.gov/fssa/carefinder/files/Sample-Medication-Administration.pdf>

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **470 IAC 3-4.7-82**
Special diets Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 82. (a) The center shall post information regarding children's special diets for dietary staff in charge of preparing and serving the food. (b) The center 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 center. (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. **470 IAC 3-4.7-16 Enrollment policies Authority: IC 12-13-5-3 Affected: IC 12- 17.2-4 Sec. 16.** The director shall discuss and give the following information, in writing, to the parent at the time of the child's enrollment: (1) The name of the persons legally responsible for the child care center. (2) Description of the program. (3) Policy regarding children who are left past closing time. (4) Provisions for emergency medical care. (5) Provisions for treatment of illness. (6) Policy regarding visits, field trips, or excursions off the premises. (7) Policy regarding the child care center's abuse and neglect reporting responsibilities. (8) Policy regarding the release of a child to an intoxicated or impaired person. (9) The discipline policies of the center. (10) A statement that the child will be released only to a parent, legal guardian, or other person authorized by the parent who has proper identification. (11) A statement that persons bringing or picking up the child shall be responsible to notify a staff member of the child's arrival or departure and that the person shall in some manner sign the child in and out by name and time of arrival and departure. (12) A statement regarding the necessity of a health examination for the child, including up-to date immunizations. iii. **470 IAC 3-4.7-86 Child health requirements Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 86.** (a) Within thirty (30) days after enrollment or no earlier than twelve (12) months prior to enrollment, each child shall have written verification of a physical examination by a physician or a nurse practitioner. (b) The examination shall include the following: (1) Child's medical history. (2) Physical examination. (3) A written statement there is no health condition that would be hazardous either to the child or to other children in the child care center as a result of participation in the program of activities. (4) A written statement regarding modification of plans of care which require special attention because of medical conditions or allergies. (c) Written orders for each medication taken at the child care center. (d) Documentation of complete age-appropriate immunizations, as required by the division with recommendation

from ISDH, and updated annually, including: (1) conjugated pneumococcal vaccine; and (2) varicella vaccine or written documented history of disease by either the parent or child's health provider. (e) Health records may be transferred if the physical exam is dated within a year. (f) Children two (2) years of age and younger shall have an annual health examination. (g) A provider shall maintain current documentation for each child. (h) A parent may request that their child be exempt from immunizations, physical examinations, or medical treatment based on religious beliefs with the following conditions: (1) The parent shall make a signed, written request for exemption based on religious beliefs. (2) The center shall keep the request in the child's health record. (3) Nothing in this provision precludes the child care center from using emergency first aid techniques to treat the exempted child or to exclude a child where control of contagious disease may be necessary. (i) If a child's physician determines that a child should not have immunizations for medical reasons, the physician shall indicate and update annually these exceptions on the child's health record form. (j) Only children that meet the health requirements of this rule may attend the child care center. iv. The following information is included in the interpretive guide for child care centers which is available on the FSSA website: 470 IAC 3-4.7-82 Special diets Intent: To ensure that dietary modifications for any child, including those with special health care needs, developmental problems of chewing and swallowing food and food allergies are carefully monitored by a trained health professional, coordinated with the rest of the child's health care and documented in the child's record. Detailed information on a child's special diets is invaluable to the Center food service staff in meeting the nutritional needs of the child. Parents shall provide a written statement for special diets due to personal or religious reasons. Close collaboration between the home and Center is needed for these children. Parents may have to provide food if the Center is unable to provide the special diet. If so, the parent must sign a Safe Transportation of Food. Center shall have written instructions from a physician to guide the preparation of special diets for children with medical reasons or allergies. Each child with a food allergy shall have a special care plan prepared for the Center by the child's physician or health professional. That plan should include: 1) written instructions regarding the food (s) to which the child is allergic and steps that need to be taken to avoid that food; 2) a detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of administration of any medications that the child should receive in the event of a reaction. The plan shall specific symptoms that would indicate the need to administer one or more medications. Based on the child's special care plan, the child's teachers shall receive training, demonstrate competence in and implement measures for: 1) preventing exposure to the specific food (s) to which the child is allergic; 2) recognizing the symptoms of an allergic reaction; 3) treating allergic reactions

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **470 IAC 3-1.1-37 Requirements for admission to the home Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 37.** (a) Prior to acceptance of children, the caregiver shall have the parent or legal guardian: (1) complete and sign an enrollment form for the child; (2) complete and sign a release for emergency medical care for the child; (3) sign a copy of the licensee's written discipline policy; and (4) see all areas

of the home and property to be used for child care. (b) Within thirty (30) days of a child's admission, the licensee shall receive a written statement from the child's parent or legal guardian signed by a physician or a certified nurse practitioner which states the following: (1) That the child can participate in the child care home's activities. (2) That the child has had immunizations which are up-to date for the child's age. (3) Whether the child has allergies or any chronic health conditions. (c) Caregiver shall inform the parent or legal guardian of their right to request in writing an exemption of the medical requirements as required by this section based upon their religious beliefs. Nothing in this subsection precludes the child care home from using emergency measures to treat such a child by first aid techniques or to exclude the child where control of a contagious disease may be necessary. (d) A child shall not be required to comply with subsection (b)(2) and (b)(3) when the parent or legal guardian has provided a signed statement regarding religious exemptions to the care home licensee. (e) Neither licensee nor caregiver shall discriminate relative to the admission of children on the basis of race, color, religion, sex, national origin, ancestry, or handicap. (f) Caregiver shall inform the parent or legal guardian that unscheduled visits by a custodial parent or guardian shall be permitted at any time the child care home is in operation. vii. 470 IAC 3-1.1-32 Documentation requirements Authority: IC 12-13-5-3 Affected: IC 5-2-12; IC 12-17.2 Sec. 32. (a) The licensee shall maintain the following documentation in the child care home for review by the COFC: (1) Record of initial physical examination of direct child care providers documenting that they are free of communicable disease. (2) Record of annual Mantoux tuberculin test or chest x-ray of direct child care provider which documents that they are free of tuberculosis. (3) Documentation of criminal history checks on employees, volunteers, and all household members who are at least eighteen (18) years of age. (4) Conduct a check of the applicant, the applicant's spouse, and any others living in the home to determine whether their name appears on the sex offender registry, IC 5-2-12 et seq. (5) Documentation of certification of a current first aid course, training in Universal Precautions and annual CPR certification by direct child care providers. (6) Enrollment form for each child receiving services which shall include the following: (A) Child's name and date of birth. (B) Name, address, home and work telephone numbers of the child's parent or legal guardian. (C) The telephone number of a responsible adult in case of emergency. (D) The names of adults authorized to pick the child up from the home. (7) Release for emergency medical care for each child signed by the child's parent or legal guardian. (8) Statement as described in section 37(b) of this rule regarding each child's general health within thirty (30) days of admission. (9) Written permission from a parent or legal guardian that the child may participate in activities away from the child care home. (10) Written statement of the licensee's discipline policy signed by the child's parent or legal guardian. (11) Daily attendance records for children in the child care home which shall be maintained for at least two (2) years at the child care home site. (12) Annual vaccination records for animals subject to rabies. (13) Record of dates of quarterly fire drills which shall be maintained for at least two (2) years. (14) Written plan of evacuation for the child care home in case of emergency. viii. The following information is included in the Homes Interpretive Guide which is available on the FSSA website: 470 IAC 3-1.1-42 When children with food allergies attend the home, the following shall occur: Each child with a

food allergy shall have a special care plan prepared for the facility by the child's source of health care, to include: 1) Written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food; 2) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan shall include specific symptoms that would indicate the need to administer one or more medications. Based on the child's special care plan, the child's caregiver(s) shall receive training, demonstrate competence in, and implement measures for: 1) Preventing exposure to the specific food(s) to which the child is allergic; 2) Recognizing the symptoms of an allergic reaction; 3) Treating allergic reactions. Parents and licensee shall arrange for the home to have necessary medications, proper storage of such medications, and the equipment and training to manage the child's food allergy while the child attends the home. The caregiver shall promptly and properly administer prescribed medications in the event of an allergic reaction according to the instructions in the special care plan. The caregiver shall notify the parents of any suspected allergic reactions, the ingestion of the problem food, or contact with the problem food, even if a reaction did not occur. The caregiver shall notify the child's physician if the child has required treatment by the facility for a food allergic reaction. The caregiver shall contact the emergency medical services system immediately whenever epinephrine has been administered; Parents of all children in the home shall be advised to avoid any known allergies in class treats or special foods brought into the home. Individual child's food allergies shall be posted prominently. On field trips or when the child is off the premises, the written plan for the child with allergies shall be routinely carried.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **470 IAC 3-1.1-37 Requirements for admission to the home Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 37.** (a) Prior to acceptance of children, the caregiver shall have the parent or legal guardian: (1) complete and sign an enrollment form for the child; (2) complete and sign a release for emergency medical care for the child; (3) sign a copy of the licensee's written discipline policy; and (4) see all areas of the home and property to be used for child care. (b) Within thirty (30) days of a child's admission, the licensee shall receive a written statement from the child's parent or legal guardian signed by a physician or a certified nurse practitioner which states the following: (1) That the child can participate in the child care home's activities. (2) That the child has had immunizations which are up-to date for the child's age. (3) Whether the child has allergies or any chronic health conditions. (c) Caregiver shall inform the parent or legal guardian of their right to request in writing an exemption of the medical requirements as required by this section based upon their religious beliefs. Nothing in this subsection precludes the child care home from using emergency measures to treat such a child by first aid techniques or to exclude the child where control of a contagious disease may be necessary. (d) A child shall not be required to comply with subsection (b)(2) and (b)(3) when the parent or legal guardian has provided a signed statement regarding religious exemptions to the care home licensee. (e) Neither licensee nor caregiver shall discriminate relative to the admission of children on the basis of

race, color, religion, sex, national origin, ancestry, or handicap. (f) Caregiver shall inform the parent or legal guardian that unscheduled visits by a custodial parent or guardian shall be permitted at any time the child care home is in operation. vii. 470 IAC 3-1.1-32 Documentation requirements Authority: IC 12-13-5-3 Affected: IC 5-2-12; IC 12-17.2 Sec. 32. (a) The licensee shall maintain the following documentation in the child care home for review by the COFC: (1) Record of initial physical examination of direct child care providers documenting that they are free of communicable disease. (2) Record of annual Mantoux tuberculin test or chest x-ray of direct child care provider which documents that they are free of tuberculosis. (3) Documentation of criminal history checks on employees, volunteers, and all household members who are at least eighteen (18) years of age. (4) Conduct a check of the applicant, the applicant's spouse, and any others living in the home to determine whether their name appears on the sex offender registry, IC 5-2-12 et seq. (5) Documentation of certification of a current first aid course, training in Universal Precautions and annual CPR certification by direct child care providers. (6) Enrollment form for each child receiving services which shall include the following: (A) Child's name and date of birth. (B) Name, address, home and work telephone numbers of the child's parent or legal guardian. (C) The telephone number of a responsible adult in case of emergency. (D) The names of adults authorized to pick the child up from the home. (7) Release for emergency medical care for each child signed by the child's parent or legal guardian. (8) Statement as described in section 37(b) of this rule regarding each child's general health within thirty (30) days of admission. (9) Written permission from a parent or legal guardian that the child may participate in activities away from the child care home. (10) Written statement of the licensee's discipline policy signed by the child's parent or legal guardian. (11) Daily attendance records for children in the child care home which shall be maintained for at least two (2) years at the child care home site. (12) Annual vaccination records for animals subject to rabies. (13) Record of dates of quarterly fire drills which shall be maintained for at least two (2) years. (14) Written plan of evacuation for the child care home in case of emergency. viii. The following information is included in the Homes Interpretive Guide which is available on the FSSA website: 470 IAC 3-1.1-42 When children with food allergies attend the home, the following shall occur: Each child with a food allergy shall have a special care plan prepared for the facility by the child's source of health care, to include: 1) Written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food; 2) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan shall include specific symptoms that would indicate the need to administer one or more medications. Based on the child's special care plan, the child's caregiver(s) shall receive training, demonstrate competence in, and implement measures for: 1) Preventing exposure to the specific food(s) to which the child is allergic; 2) Recognizing the symptoms of an allergic reaction; 3) Treating allergic reactions. Parents and licensee shall arrange for the home to have necessary medications, proper storage of such medications, and the equipment and training to manage the child's food allergy while the child attends the home. The caregiver shall promptly and properly administer prescribed medications in the event of an

allergic reaction according to the instructions in the special care plan. The caregiver shall notify the parents of any suspected allergic reactions, the ingestion of the problem food, or contact with the problem food, even if a reaction did not occur. The caregiver shall notify the child's physician if the child has required treatment by the facility for a food allergic reaction. The caregiver shall contact the emergency medical services system immediately whenever epinephrine has been administered; Parents of all children in the home shall be advised to avoid any known allergies in class treats or special foods brought into the home. Individual child's food allergies shall be posted prominently. On field trips or when the child is off the premises, the written plan for the child with allergies shall be routinely carried.

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Indiana does not have laws or promulgated rules regarding this standard, the LLEP packet that is provided to all exempt providers, and is posted on the FSSA website, includes the following statements:** • Nutrition • A provider must make available to each child in their care: appropriately timed, nutritious meals and snacks in a quantity sufficient to the meet the needs of the child. (This does not eliminate sack lunches brought from home.). Drinking water must be always available. o Each child with a food allergy shall have a special care plan prepared for the child care program by the child's physician or health professional. That plan should include: 1. Written instructions regarding the food (s) to which the child is allergic and steps that need to be taken to avoid that food. 2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of administration of any medications that the child should receive in the event or a reaction. The plan shall specific symptoms that would indicate the need to administer one or more medications. xii. – The Licensing Consultant will confirm this by observation and/or file review during program inspection xiii. o Nutrition Resources: Click Here xiv. https://www.in.gov/fssa/carefinder/files/nutrition_resources.pdf xv. <https://www.in.gov/fssa/carefinder/files/Legally-Licensed-Exempt-ProviderPacket-2022.pdf>

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Indiana does not have laws or promulgated rules regarding this standard, the LLEP packet that is provided to all exempt providers, and is posted on the FSSA website, includes the following statements:** • Nutrition • A provider must make available to each child in their care: appropriately timed, nutritious meals and snacks in a quantity sufficient to the meet the needs of the child. (This does not eliminate sack lunches brought from home.). Drinking water must be always available. o Each child with a food allergy shall have a special care plan prepared for the child care program by the child's physician or health professional. That plan should include: 1. Written instructions regarding the food (s) to which the child is allergic and steps that need to be taken to avoid that food. 2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of administration of any medications that the child should receive in the event or a reaction. The plan shall specific symptoms that

would indicate the need to administer one or more medications. xii. – The Licensing Consultant will confirm this by observation and/or file review during program inspection xiii. o Nutrition Resources: Click Here xiv.
https://www.in.gov/fssa/carefinder/files/nutrition_resources.pdf xv.
<https://www.in.gov/fssa/carefinder/files/Legally-Licensed-Exempt-ProviderPacket-2022.pdf>

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Indiana does not have laws or promulgated rules regarding this standard, the LLEP packet that is provided to all exempt providers, and is posted on the FSSA website, includes the following statements:** • Nutrition • A provider must make available to each child in their care: appropriately timed, nutritious meals and snacks in a quantity sufficient to the meet the needs of the child. (This does not eliminate sack lunches brought from home.). Drinking water must be always available. o Each child with a food allergy shall have a special care plan prepared for the child care program by the child's physician or health professional. That plan should include: 1. Written instructions regarding the food (s) to which the child is allergic and steps that need to be taken to avoid that food. 2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of administration of any medications that the child should receive in the event or a reaction. The plan shall specific symptoms that would indicate the need to administer one or more medications. xii. – The Licensing Consultant will confirm this by observation and/or file review during program inspection xiii. o Nutrition Resources: Click Here xiv.
https://www.in.gov/fssa/carefinder/files/nutrition_resources.pdf xv.
<https://www.in.gov/fssa/carefinder/files/Legally-Licensed-Exempt-ProviderPacket-2022.pdf>

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Indiana does not have laws or promulgated rules regarding this standard, the LLEP packet that is provided to all exempt providers, and is posted on the FSSA website, includes the following statements:** • Nutrition • A provider must make available to each child in their care: appropriately timed, nutritious meals and snacks in a quantity sufficient to the meet the needs of the child. (This does not eliminate sack lunches brought from home.). Drinking water must be always available. o Each child with a food allergy shall have a special care plan prepared for the child care program by the child's physician or health professional. That plan should include: 1. Written instructions regarding the food (s) to which the child is allergic and steps that need to be taken to avoid that food. 2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of administration of any medications that the child should receive in the event or a reaction. The plan shall specific symptoms that would indicate the need to administer one or more medications. xii. – The Licensing Consultant will confirm this by observation and/or file review during program inspection xiii. o Nutrition Resources: Click Here xiv.
https://www.in.gov/fssa/carefinder/files/nutrition_resources.pdf xv.
<https://www.in.gov/fssa/carefinder/files/Legally-Licensed-Exempt-ProviderPacket-2022.pdf>

b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **470 IAC 3-4.7-82**
Special diets Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 82. (a) The center shall post information regarding children's special diets for dietary staff in charge of preparing and serving the food. (b) The center 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 center. (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. **470 IAC 3-4.7-16** Enrollment policies Authority: **IC 12-13-5-3 Affected: IC 12- 17.2-4 Sec. 16.** The director shall discuss and give the following information, in writing, to the parent at the time of the child's enrollment:

- (1) The name of the persons legally responsible for the child care center.
- (2) Description of the program.
- (3) Policy regarding children who are left past closing time.
- (4) Provisions for emergency medical care.
- (5) Provisions for treatment of illness.
- (6) Policy regarding visits, field trips, or excursions off the premises.
- (7) Policy regarding the child care center's abuse and neglect reporting responsibilities.
- (8) Policy regarding the release of a child to an intoxicated or impaired person.
- (9) The discipline policies of the center.
- (10) A statement that the child will be released only to a parent, legal guardian, or other person authorized by the parent who has proper identification.
- (11) A statement that persons bringing or picking up the child shall be responsible to notify a staff member of the child's arrival or departure and that the person shall in some manner sign the child in and out by name and time of arrival and departure.
- (12) A statement regarding the necessity of a health examination for the child, including up-to-date immunizations.

iii. **470 IAC 3-4.7-86** Child health requirements Authority: **IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 86.** (a) Within thirty (30) days after enrollment or no earlier than twelve (12) months prior to enrollment, each child shall have written verification of a physical examination by a physician or a nurse practitioner. (b) The examination shall include the following:

- (1) Child's medical history.
- (2) Physical examination.
- (3) A written statement there is no health condition that would be hazardous either to the child or to other children in the child care center as a result of participation in the program of activities.
- (4) A written statement regarding modification of plans of care which require special attention because of medical conditions or allergies.
- (c) Written orders for each medication taken at the child care center.
- (d) Documentation of complete age-appropriate immunizations, as required by the division with recommendation from ISDH, and updated annually, including:

 - (1) conjugated pneumococcal vaccine;
 - and (2) varicella vaccine or written documented history of disease by either the parent or child's health provider.

- (e) Health records may be transferred

if the physical exam is dated within a year. (f) Children two (2) years of age and younger shall have an annual health examination. (g) A provider shall maintain current documentation for each child. (h) A parent may request that their child be exempt from immunizations, physical examinations, or medical treatment based on religious beliefs with the following conditions: (1) The parent shall make a signed, written request for exemption based on religious beliefs. (2) The center shall keep the request in the child's health record. (3) Nothing in this provision precludes the child care center from using emergency first aid techniques to treat the exempted child or to exclude a child where control of contagious disease may be necessary. (i) If a child's physician determines that a child should not have immunizations for medical reasons, the physician shall indicate and update annually these exceptions on the child's health record form. (j) Only children that meet the health requirements of this rule may attend the child care center.

iv. The following information is included in the interpretive guide for child care centers which is available on the FSSA website: 470 IAC 3-4.7-82 Special diets
Intent: To ensure that dietary modifications for any child, including those with special health care needs, developmental problems of chewing and swallowing food and food allergies are carefully monitored by a trained health professional, coordinated with the rest of the child's health care and documented in the child's record. Detailed information on a child's special diets is invaluable to the Center food service staff in meeting the nutritional needs of the child. Parents shall provide a written statement for special diets due to personal or religious reasons. Close collaboration between the home and Center is needed for these children. Parents may have to provide food if the Center is unable to provide the special diet. If so, the parent must sign a Safe Transportation of Food. The Center shall have written instructions from a physician to guide the preparation of special diets for children with medical reasons or allergies. Each child with a food allergy shall have a special care plan prepared for the Center by the child's physician or health professional. That plan should include: 1) written instructions regarding the food (s) to which the child is allergic and steps that need to be taken to avoid that food; 2) a detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of administration of any medications that the child should receive in the event of a reaction. The plan shall specific symptoms that would indicate the need to administer one or more medications. Based on the child's special care plan, the child's teachers shall receive training, demonstrate competence in and implement measures for: 1) preventing exposure to the specific food (s) to which the child is allergic; 2) recognizing the symptoms of an allergic reaction; 3) treating allergic reactions.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: 470 IAC 3-1.1-37 Requirements for admission to the home Authority: IC 12-13-5-3
Affected: IC 12-17.2 Sec. 37. (a) Prior to acceptance of children, the caregiver shall have the parent or legal guardian: (1) complete and sign an enrollment form for the child; (2) complete and sign a release for emergency medical care for the child; (3) sign a copy of the licensee's written discipline policy; and (4) see all areas of the home and property to be used for child care. (b) Within thirty (30) days of a child's admission, the licensee shall receive a written statement from the child's

parent or legal guardian signed by a physician or a certified nurse practitioner which states the following: (1) That the child can participate in the child care home's activities. (2) That the child has had immunizations which are up-to date for the child's age. (3) Whether the child has allergies or any chronic health conditions. (c) Caregiver shall inform the parent or legal guardian of their right to request in writing an exemption of the medical requirements as required by this section based upon their religious beliefs. Nothing in this subsection precludes the child care home from using emergency measures to treat such a child by first aid techniques or to exclude the child where control of a contagious disease may be necessary. (d) A child shall not be required to comply with subsection (b)(2) and (b)(3) when the parent or legal guardian has provided a signed statement regarding religious exemptions to the care home licensee. (e) Neither licensee nor caregiver shall discriminate relative to the admission of children on the basis of race, color, religion, sex, national origin, ancestry, or handicap. (f) Caregiver shall inform the parent or legal guardian that unscheduled visits by a custodial parent or guardian shall be permitted at any time the child care home is in operation. viii. 470 IAC 3-1.1-32 Documentation requirements Authority: IC 12-13-5-3 Affected: IC 5-2-12; IC 12-17.2 Sec. 32. (a) The licensee shall maintain the following documentation in the child care home for review by the COFC: (1) Record of initial physical examination of direct child care providers documenting that they are free of communicable disease. (2) Record of annual Mantoux tuberculin test or chest x-ray of direct child care provider which documents that they are free of tuberculosis. (3) Documentation of criminal history checks on employees, volunteers, and all household members who are at least eighteen (18) years of age. (4) Conduct a check of the applicant, the applicant's spouse, and any others living in the home to determine whether their name appears on the sex offender registry, IC 5-2-12 et seq. (5) Documentation of certification of a current first aid course, training in Universal Precautions and annual CPR certification by direct child care providers. (6) Enrollment form for each child receiving services which shall include the following: (A) Child's name and date of birth. (B) Name, address, home and work telephone numbers of the child's parent or legal guardian. (C) The telephone number of a responsible adult in case of emergency. (D) The names of adults authorized to pick the child up from the home. (7) Release for emergency medical care for each child signed by the child's parent or legal guardian. (8) Statement as described in section 37(b) of this rule regarding each child's general health within thirty (30) days of admission. (9) Written permission from a parent or legal guardian that the child may participate in activities away from the child care home. (10) Written statement of the licensee's discipline policy signed by the child's parent or legal guardian. (11) Daily attendance records for children in the child care home which shall be maintained for at least two (2) years at the child care home site. (12) Annual vaccination records for animals subject to rabies. (13) Record of dates of quarterly fire drills which shall be maintained for at least two (2) years. (14) Written plan of evacuation for the child care home in case of emergency.

- i. The following information is included in the Homes Interpretive Guide which is available on the FSSA website: 470 IAC 3-1.1-42 When children with food allergies attend the home, the following shall occur: Each child with a food allergy shall

have a special care plan prepared for the facility by the child's source of health care, to include: 1) Written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food; 2) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan shall include specific symptoms that would indicate the need to administer one or more medications. Based on the child's special care plan, the child's caregiver(s) shall receive training, demonstrate competence in, and implement measures for: 1) Preventing exposure to the specific food(s) to which the child is allergic; 2) Recognizing the symptoms of an allergic reaction; 3) Treating allergic reactions. Parents and licensee shall arrange for the home to have necessary medications, proper storage of such medications, and the equipment and training to manage the child's food allergy while the child attends the home. The caregiver shall promptly and properly administer prescribed medications in the event of an allergic reaction according to the instructions in the special care plan. The caregiver shall notify the parents of any suspected allergic reactions, the ingestion of the problem food, or contact with the problem food, even if a reaction did not occur. The caregiver shall notify the child's physician if the child has required treatment by the facility for a food allergic reaction. The caregiver shall contact the emergency medical services system immediately whenever epinephrine has been administered; Parents of all children in the home shall be advised to avoid any known allergies in class treats or special foods brought into the home. Individual child's food allergies shall be posted prominently. On field trips or when the child is off the premises, the written plan for the child with allergies shall be routinely carried.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:: **470 IAC 3-1.1-37 Requirements for admission to the home Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 37.** (a) Prior to acceptance of children, the caregiver shall have the parent or legal guardian: (1) complete and sign an enrollment form for the child; (2) complete and sign a release for emergency medical care for the child; (3) sign a copy of the licensee's written discipline policy; and (4) see all areas of the home and property to be used for child care. (b) Within thirty (30) days of a child's admission, the licensee shall receive a written statement from the child's parent or legal guardian signed by a physician or a certified nurse practitioner which states the following: (1) That the child can participate in the child care home's activities. (2) That the child has had immunizations which are up-to date for the child's age. (3) Whether the child has allergies or any chronic health conditions. (c) Caregiver shall inform the parent or legal guardian of their right to request in writing an exemption of the medical requirements as required by this section based upon their religious beliefs. Nothing in this subsection precludes the child care home from using emergency measures to treat such a child by first aid techniques or to exclude the child where control of a contagious disease may be necessary. (d) A child shall not be required to comply with subsection (b)(2) and (b)(3) when the parent or legal guardian has provided a signed statement regarding religious exemptions to the care home licensee. (e) Neither licensee nor caregiver shall discriminate relative to the admission of children on the basis of race, color, religion, sex, national origin, ancestry, or handicap. (f) Caregiver shall

inform the parent or legal guardian that unscheduled visits by a custodial parent or guardian shall be permitted at any time the child care home is in operation. viii. 470 IAC 3-1.1-32 Documentation requirements Authority: IC 12-13-5-3 Affected: IC 5-2-12; IC 12-17.2 Sec. 32. (a) The licensee shall maintain the following documentation in the child care home for review by the COFC: (1) Record of initial physical examination of direct child care providers documenting that they are free of communicable disease. (2) Record of annual Mantoux tuberculin test or chest x-ray of direct child care provider which documents that they are free of tuberculosis. (3) Documentation of criminal history checks on employees, volunteers, and all household members who are at least eighteen (18) years of age. (4) Conduct a check of the applicant, the applicant's spouse, and any others living in the home to determine whether their name appears on the sex offender registry, IC 5-2-12 et seq. (5) Documentation of certification of a current first aid course, training in Universal Precautions and annual CPR certification by direct child care providers. (6) Enrollment form for each child receiving services which shall include the following: (A) Child's name and date of birth. (B) Name, address, home and work telephone numbers of the child's parent or legal guardian. (C) The telephone number of a responsible adult in case of emergency. (D) The names of adults authorized to pick the child up from the home. (7) Release for emergency medical care for each child signed by the child's parent or legal guardian. (8) Statement as described in section 37(b) of this rule regarding each child's general health within thirty (30) days of admission. (9) Written permission from a parent or legal guardian that the child may participate in activities away from the child care home. (10) Written statement of the licensee's discipline policy signed by the child's parent or legal guardian. (11) Daily attendance records for children in the child care home which shall be maintained for at least two (2) years at the child care home site. (12) Annual vaccination records for animals subject to rabies. (13) Record of dates of quarterly fire drills which shall be maintained for at least two (2) years. (14) Written plan of evacuation for the child care home in case of emergency.

ix. The following information is included in the Homes Interpretive Guide which is available on the FSSA website: 470 IAC 3-1.1-42 When children with food allergies attend the home, the following shall occur: Each child with a food allergy shall have a special care plan prepared for the facility by the child's source of health care, to include: 1) Written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food; 2) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan shall include specific symptoms that would indicate the need to administer one or more medications. Based on the child's special care plan, the child's caregiver(s) shall receive training, demonstrate competence in, and implement measures for: 1) Preventing exposure to the specific food(s) to which the child is allergic; 2) Recognizing the symptoms of an allergic reaction; 3) Treating allergic reactions. Parents and licensee shall arrange for the home to have necessary medications, proper storage of such medications, and the equipment and training to manage the child's food allergy while the child attends the home. The caregiver shall promptly and

properly administer prescribed medications in the event of an allergic reaction according to the instructions in the special care plan. The caregiver shall notify the parents of any suspected allergic reactions, the ingestion of the problem food, or contact with the problem food, even if a reaction did not occur. The caregiver shall notify the child's physician if the child has required treatment by the facility for a food allergic reaction. The caregiver shall contact the emergency medical services system immediately whenever epinephrine has been administered; Parents of all children in the home shall be advised to avoid any known allergies in class treats or special foods brought into the home. Individual child's food allergies shall be posted prominently. On field trips or when the child is off the premises, the written plan for the child with allergies shall be routinely carried.

[] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Indiana does not have laws or promulgated rules regarding this standard, the LLEP packet that is provided to all LLEP providers and is posted on the FSSA website, includes the following statements:** • Nutrition • A provider must make available to each child in their care: appropriately timed, nutritious meals and snacks in a quantity sufficient to the meet the needs of the child. (This does not eliminate sack lunches brought from home.). Drinking water must be always available. o Each child with a food allergy shall have a special care plan prepared for the child care program by the child's physician or health professional. That plan should include: 1. Written instructions regarding the food (s) to which the child is allergic and steps that need to be taken to avoid that food. 2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of administration of any medications that the child should receive in the event or a reaction. The plan shall specific symptoms that would indicate the need to administer one or more medications. xiii. – The Licensing Consultant will confirm this by observation and/or file review during program inspection xiv. o Nutrition Resources: Click Here xv. https://www.in.gov/fssa/carefinder/files/nutrition_resources.pdf xvi. <https://www.in.gov/fssa/carefinder/files/Legally-Licensed-Exempt-Provider-Packet-2022.pdf>

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Indiana does not have laws or promulgated rules regarding this standard, the LLEP packet that is provided to all LLEP providers and is posted on the FSSA website, includes the following statements:** • Nutrition • A provider must make available to each child in their care: appropriately timed, nutritious meals and snacks in a quantity sufficient to the meet the needs of the child. (This does not eliminate sack lunches brought from home.). Drinking water must be always available. o Each child with a food allergy shall have a special care plan prepared for the child care program by the child's physician or health professional. That plan should include: 1. Written instructions regarding the food (s) to which the child is allergic and steps that need to be taken to avoid that food. 2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of administration of any medications that the child should receive in the event or a reaction. The plan shall specific symptoms that would indicate the

need to administer one or more medications. xiii. – The Licensing Consultant will confirm this by observation and/or file review during program inspection xiv. o Nutrition Resources: Click Here xv.
https://www.in.gov/fssa/carefinder/files/nutrition_resources.pdf xvi.
<https://www.in.gov/fssa/carefinder/files/Legally-Licensed-Exempt-Provider-Packet-2022.pdf>

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Indiana does not have laws or promulgated rules regarding this standard, the LLEP packet that is provided to all LLEP providers and is posted on the FSSA website, includes the following statements:** • Nutrition • A provider must make available to each child in their care: appropriately timed, nutritious meals and snacks in a quantity sufficient to the meet the needs of the child. (This does not eliminate sack lunches brought from home.). Drinking water must be always available. o Each child with a food allergy shall have a special care plan prepared for the child care program by the child's physician or health professional. That plan should include: 1. Written instructions regarding the food (s) to which the child is allergic and steps that need to be taken to avoid that food. 2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of administration of any medications that the child should receive in the event or a reaction. The plan shall specific symptoms that would indicate the need to administer one or more medications. xiii. – The Licensing Consultant will confirm this by observation and/or file review during program inspection xiv. o Nutrition Resources: Click Here xv.
https://www.in.gov/fssa/carefinder/files/nutrition_resources.pdf xvi.
<https://www.in.gov/fssa/carefinder/files/Legally-Licensed-Exempt-Provider-Packet-2022.pdf>

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Indiana does not have laws or promulgated rules regarding this standard, the LLEP packet that is provided to all LLEP providers and is posted on the FSSA website, includes the following statements:** • Nutrition • A provider must make available to each child in their care: appropriately timed, nutritious meals and snacks in a quantity sufficient to the meet the needs of the child. (This does not eliminate sack lunches brought from home.). Drinking water must be always available. o Each child with a food allergy shall have a special care plan prepared for the child care program by the child's physician or health professional. That plan should include: 1. Written instructions regarding the food (s) to which the child is allergic and steps that need to be taken to avoid that food. 2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses and methods of administration of any medications that the child should receive in the event or a reaction. The plan shall specific symptoms that would indicate the need to administer one or more medications. xiii. – The Licensing Consultant will confirm this by observation and/or file review during program inspection xiv. o Nutrition Resources: Click Here xv.
https://www.in.gov/fssa/carefinder/files/nutrition_resources.pdf xvi.
<https://www.in.gov/fssa/carefinder/files/Legally-Licensed-Exempt-Provider-Packet-2022.pdf>

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **470 IAC 3-4.7-100 Poisons, chemicals, and hazardous items Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 100.** (a) Poisons, chemicals, and any item that states fatal if swallowed must be in locked storage and not accessible to children. (b) Chemicals for lawn care and insect and rodent control shall not be applied when children are present in the child care center. (c) Peeling paint, on any interior or exterior surface or on any equipment, that contains lead in excess of current ISDH standards shall be made inaccessible to children until laboratory analysis is made on the peeling material. (d) The division shall approve all lead abatement procedures prior to the start of work. (e) The center must store cleaning equipment, cleaning agents, aerosol cans, and any other item that states keep out of the reach of children in a place that is inaccessible to children. (f) The center must store hazardous articles, sharp scissors, knives, latches, lighters, flammable liquids, power tools, cleaning supplies, and any other items that might be harmful to children in a place inaccessible to children. (g) 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 shall be out of reach of children or be separated from the space by partitions, screens, or other means, which are firmly attached and cannot be overturned. (h) The center shall make inaccessible to children environmental hazards that present a risk for entrapment or burial, such as, but not limited to, the following: Indiana Administrative Code Page 78 CHILD WELFARE SERVICES (1) Pits. (2) Abandoned wells. (3) Abandoned appliances.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **470 IAC 3-1.1-48 Safety Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 48.** (a) Direct child care providers shall keep protective coverings over exposed electrical outlets. (b) If fans or heaters are used, licensee shall provide models that are protected by safety devices which will not allow a child's fingers to come in contact with the blade or heating element. (c) Caregiver shall keep poisonous or hazardous materials that would harm children, including, but not limited to: (1) cleaning supplies; (2) detergents; (3) insect sprays; and (4) medication; in areas inaccessible to children. (d) Caregiver shall store implements and tools, including, but not limited to: (1) power tools; (2) hand tools; and (3) gardening tools; in areas inaccessible to children. (e) When children are present in the child care home, caregiver shall keep all ammunition and firearms in a locked area that is inaccessible to children at all times.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: **470 IAC 3-1.1-48 Safety Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 48.** (a) Direct child care providers shall keep protective coverings over exposed electrical outlets. (b) If fans or heaters are used, licensee shall provide models that are protected by

safety devices which will not allow a child's fingers to come in contact with the blade or heating element. (c) Caregiver shall keep poisonous or hazardous materials that would harm children, including, but not limited to: (1) cleaning supplies; (2) detergents; (3) insect sprays; and (4) medication; in areas inaccessible to children. (d) Caregiver shall store implements and tools, including, but not limited to: (1) power tools; (2) hand tools; and (3) gardening tools; in areas inaccessible to children. (e) When children are present in the child care home, caregiver shall keep all ammunition and firearms in a locked area that is inaccessible to children at all times.

[] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **IC 12-17.2-3.5-11 Safety Sec. 11.** (a) A provider shall provide for a safe environment by ensuring that no conditions exist in or on the grounds of the facility where the provider operates a child care program that would endanger the health, safety, or welfare of the children, including ensuring that the following items are placed in areas that are inaccessible to the children in the provider's care: (1) Firearms, ammunition, and other weapons. (2) Poisons, chemicals, bleach, and cleaning materials. (3) Medications. (b) A provider shall do the following with respect to transporting children away from the Indiana Code 2021 facility where the provider operates a child care program: (1) Obtain written permission from the child's parent or legal guardian to transport the child. (2) Ensure that the child is transported only by an employee or a volunteer who: (A) is at least eighteen (18) years of age; (B) holds a valid driver's license; and (C) transports the child in a properly licensed and insured motor vehicle. vi. The following information is part of the LLEP packet that is provided to all exempt providers: IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational material • Safe Conditions • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's. • Link to Free Universal Precautions Training Log in to ILEAD to get to Indiana Learning Paths: [Click Here](#) • Universal Precautions & Bloodborne Pathogen Training: [Click Here](#) • At the time a provider establishes the written policy and at the time of any subsequent change to the written policy, the provider shall: o File with your LLEP licensing consultant - OECOSL o Post in a public location in the program where the provider operates a child care program; and o Provide to the parent or guardian of each child in the care of the provider, a copy of the written policy or change. – The Licensing Consultant will confirm this by observation and/or file review during program inspection. o Safe Conditions Policy Sample: [Click Here](#) o Transportation Safety Policy: [Click Here](#)

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **IC 12-17.2-3.5-11 Safety Sec. 11.** (a) A provider shall provide for a safe environment

by ensuring that no conditions exist in or on the grounds of the facility where the provider operates a child care program that would endanger the health, safety, or welfare of the children, including ensuring that the following items are placed in areas that are inaccessible to the children in the provider's care: (1) Firearms, ammunition, and other weapons. (2) Poisons, chemicals, bleach, and cleaning materials. (3) Medications. (b) A provider shall do the following with respect to transporting children away from the Indiana Code 2021 facility where the provider operates a child care program: (1) Obtain written permission from the child's parent or legal guardian to transport the child. (2) Ensure that the child is transported only by an employee or a volunteer who: (A) is at least eighteen (18) years of age; (B) holds a valid driver's license; and (C) transports the child in a properly licensed and insured motor vehicle. vi. The following information is part of the LLEP packet that is provided to all exempt providers: IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational material • Safe Conditions - A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. o The policy should include: - Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. - The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's. • Link to Free Universal Precautions Training Log in to ILEAD to get to Indiana Learning Paths: [Click Here](#) • Universal Precautions & Bloodborne Pathogen Training: [Click Here](#) • At the time a provider establishes the written policy and at the time of any subsequent change to the written policy, the provider shall: o File with your LLEP licensing consultant - OECOSL o Post in a public location in the program where the provider operates a child care program; and o Provide to the parent or guardian of each child in the care of the provider, a copy of the written policy or change. – The Licensing Consultant will confirm this by observation and/or file review during program inspection. o Safe Conditions Policy Sample: [Click Here](#) o Transportation Safety Policy: [Click Here](#)

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: IC 12-17.2-3.5-11 Safety Sec. 11. (a) A provider shall provide for a safe environment by ensuring that no conditions exist in or on the grounds of the facility where the provider operates a child care program that would endanger the health, safety, or welfare of the children, including ensuring that the following items are placed in areas that are inaccessible to the children in the provider's care: (1) Firearms, ammunition, and other weapons. (2) Poisons, chemicals, bleach, and cleaning materials. (3) Medications. (b) A provider shall do the following with respect to transporting children away from the Indiana Code 2021 facility where the provider operates a child care program: (1) Obtain written permission from the child's parent or legal guardian to transport the child. (2) Ensure that the child is transported only by an employee or a volunteer who: (A) is at least eighteen (18) years of age; (B) holds a valid driver's license; and (C) transports the child in a properly licensed and insured motor vehicle. vi. The following information is part of the LLEP packet that is provided to all exempt providers: IC 12-17.2-3.5-5

Facility requirements; activities; nutrition; educational material • Safe Conditions •
A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's. • Link to Free Universal Precautions Training Log in to ILEAD to get to Indiana Learning Paths: [Click Here](#) • Universal Precautions & Bloodborne Pathogen Training: [Click Here](#) • At the time a provider establishes the written policy and at the time of any subsequent change to the written policy, the provider shall: o File with your LLEP licensing consultant - OECOSL o Post in a public location in the program where the provider operates a child care program; and o Provide to the parent or guardian of each child in the care of the provider, a copy of the written policy or change. – The Licensing Consultant will confirm this by observation and/or file review during program inspection. o Safe Conditions Policy Sample: [Click Here](#) o Transportation Safety Policy: [Click Here](#)

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **IC 12-17.2-3.5-11 Safety Sec. 11.** (a) A provider shall provide for a safe environment by ensuring that no conditions exist in or on the grounds of the facility where the provider operates a child care program that would endanger the health, safety, or welfare of the children, including ensuring that the following items are placed in areas that are inaccessible to the children in the provider's care: (1) Firearms, ammunition, and other weapons. (2) Poisons, chemicals, bleach, and cleaning materials. (3) Medications. (b) A provider shall do the following with respect to transporting children away from the Indiana Code 2021 facility where the provider operates a child care program: (1) Obtain written permission from the child's parent or legal guardian to transport the child. (2) Ensure that the child is transported only by an employee or a volunteer who: (A) is at least eighteen (18) years of age; (B) holds a valid driver's license; and (C) transports the child in a properly licensed and insured motor vehicle. vi. The following information is part of the LLEP packet that is provided to all exempt providers: **IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational material • Safe Conditions •** A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's. • Link to Free Universal Precautions Training Log in to ILEAD to get to Indiana Learning Paths: [Click Here](#) • Universal Precautions & Bloodborne Pathogen Training: [Click Here](#) • At the time a provider establishes the written policy and at the time of any subsequent change to the written policy, the provider shall: o File

with your LLEP licensing consultant -OECOSL o Post in a public location in the program where the provider operates a child care program; and o Provide to the parent or guardian of each child in the care of the provider, a copy of the written policy or change. – The Licensing Consultant will confirm this by observation and/or file review during program inspection. o Safe Conditions Policy Sample: [Click Here](#) o Transportation Safety Policy: [Click Here](#)

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **470 IAC 3-4.7-70 Water play areas Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 70.** (a) Staff shall maintain a one (1) to three (3) parts per million (ppm) chlorine solution, as verified by a pool test kit, or equivalent in water tables used for water play activities. Staff shall empty the water table daily and clean it with an approved sanitizing solution before being air-dried. (b) Portable fill and draw pools are prohibited. (c) When children swim in any permanently constructed private swimming pool, wading pool, or lake, owned by the child care center, center staff, relatives, parents, or others, while under the supervision of the child care center staff, the following rules apply: (1) Pool equipment and chemical storage rooms shall be locked and inaccessible to children. (2) Written parental permission shall be obtained and kept on file prior to a child participating in a swimming activity. (3) Each swimming area must have a minimum of two (2) flotation devices. (4) Child/staff ratios shall be twice the number required in this rule. The center may count employed lifeguards in child staff ratios. (5) A person having a valid Red Cross advanced life saving certificate shall be on duty at all times when a swimming pool or lake is in use. (6) At all times, when children are in the water, staff shall directly supervise children with a minimum of one (1) staff person at pool or lake side and another staff in the water with the children. (7) All private lakes must have their water tested and approved for swimming. (d) In addition, permanently constructed swimming or wading pools located on the premises of the child care center shall meet the following: (1) The center must construct the pool in accordance with FPBSC rules under 675 IAC 20 and maintain it in accordance with ISDH rules under 410 IAC 6-2.1. (2) The center must fence in all swimming and wading pool areas and keep the gate locked when the pool is not in use. (3) The center must cover or empty swimming pools in the off season. (e) When children are taken to public pools or lakes while under the supervision of the child care center, the following rules apply: (1) Written parental permission shall be obtained and kept on file prior to a child participating in a swimming activity. (2) Child/staff ratios shall be twice the number required in this rule. A center may count one (1) pool or lake lifeguard in the child/staff ratios for the child care center unless pool or lake policies prohibit. (3) At all times, when children are in the water, staff shall directly supervise children with a minimum of one (1) staff person at pool or lake side and another staff in the water with the children. (f) Staff shall not permit children to be in hot tubs, spas, or saunas.
 - ii. The following information is available in the centers interpretive guide which is located on the FSSA website: **470 IAC 3-4.7-2 Licensing requirements:** (i) The child

care center shall not operate in an area where conditions exist that could be injurious to the welfare of children. Intent: To ensure that the Center is located in an area that is free from hazards, such as heavy traffic, deep excavations, radiation hazards, pits, abandoned wells or other risks of entrapment or other unsafe or harmful environmental elements. The determination of hazard is made by the Division. Location near some potential hazards may be permitted if the Division determines that there is no immediate threat of harm to the children, e.g. location next to an interstate or a chemical plant that is in compliance with all codes.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Indiana does not have a law or promulgated rule related to this requirement. The following information is available in the home interpretive guide which is located on the FSSA website: 470 IAC 3-1.1-45 General Environment:** Intent: To prevent the children from access to streets and other hazards. ○ **Assessment Method:** Observe the outside play area. Fencing or another form of barrier such as a hedge or other plants that restrains the children, and that they cannot climb, must be provided around the play area. Fences should be a minimum of four (4) feet high. When children are outside playing or doing activities, they shall remain in the fenced in play area for their protection. Children are not allowed to play in an area of the yard, on the porch, on the sidewalk, driveway, etc. that is not fenced in.

vi. ■ **470 IAC 3-1.1-39 Swimming Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 39.** (a) The caregiver shall be physically present at the swimming or wading pool to supervise when the children in care are swimming or wading. (b) At least one (1) direct child care provider shall be available to supervise any children not swimming or wading in addition to staff requirements in section 36.5 of this rule. (c) Child care providers shall empty portable wading pools immediately after use. (d) All inground or nonportable above ground swimming pools accessible to children shall be in compliance with local zoning ordinances and surrounded by a fence secured with a locked gate to prevent children from entering the area unsupervised. Intent: To prevent accidental drowning and illness or infections that result from poor sanitary practices. Swimming and wading pools are a frequent cause of childhood injuries and deaths. Constant, intensive supervision is necessary for children in the pool; therefore a caregiver cannot also supervise children who are not in the pool. When not in use all pools must be absolutely inaccessible to the children. According to State Department of Health rules, wading pools without a filter or circulating water flow are not permitted in child care. ○ **Assessment Method:** Observe the premise for pool and interview caregiver to determine if a wading or above ground pool is available to the children. Observe the pool for locked gate and fencing. The lock must be either a combination or key lock. If visiting home while pool is in use, closely observe the staffing and supervision. Automatic pool covers may be eligible for a variance to the fencing requirement. These requirements must be met even if the pool is empty. ▲ **Threshold of Compliance:** If some of the children are in the pool and other children are outside the pool and only one staff person is present, the home is noncompliant. There is one exception: A caregiver may be in the fenced pool area alone with the children and remain outside of the pool while the children are

in the pool as long as the provider is actively supervising the children (not laying in a lounge chair sunbathing) and all the children can either swim (can ask them to demonstrate) or have Coast Guard approved flotation devices on such as Puddle Jumpers. This does not include the blow up arm floats. Children located outside of the fenced pool area cannot be supervised by the caregiver in the pool area as long as there are children in the pool area. Child/staff ratios must be maintained at all times. Caregiver cannot send children in house alone to use the bathroom nor can the caregiver leave the children in the pool alone. This is a violation of supervision.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Indiana does not have a law or promulgated rule related to this requirement. The following information is available in the home interpretive guide which is located on the FSSA website: 470 IAC 3-1.1-45 General Environment: Intent: To prevent the children from access to streets and other hazards.** ○ **Assessment Method:** Observe the outside play area. Fencing or another form of barrier such as a hedge or other plants that restrains the children, and that they cannot climb, must be provided around the play area. Fences should be a minimum of four (4) feet high. When children are outside playing or doing activities, they shall remain in the fenced in play area for their protection. Children are not allowed to play in an area of the yard, on the porch, on the sidewalk, driveway, etc. that is not fenced in.
- vi. ■ **470 IAC 3-1.1-39 Swimming Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 39.** (a) The caregiver shall be physically present at the swimming or wading pool to supervise when the children in care are swimming or wading. (b) At least one (1) direct child care provider shall be available to supervise any children not swimming or wading in addition to staff requirements in section 36.5 of this rule. (c) Child care providers shall empty portable wading pools immediately after use. (d) All inground or nonportable above ground swimming pools accessible to children shall be in compliance with local zoning ordinances and surrounded by a fence secured with a locked gate to prevent children from entering the area unsupervised. **Intent: To prevent accidental drowning and illness or infections that result from poor sanitary practices.** Swimming and wading pools are a frequent cause of childhood injuries and deaths. Constant, intensive supervision is necessary for children in the pool; therefore a caregiver cannot also supervise children who are not in the pool. When not in use all pools must be absolutely inaccessible to the children. According to State Department of Health rules, wading pools without a filter or circulating water flow are not permitted in child care. ○ **Assessment Method:** Observe to premise for pool and interview caregiver to determine if a wading or above ground pool is available to the children. Observe the pool for locked gate and fencing. The lock must be either a combination or key lock. If visiting home while pool is in use, closely observe the staffing and supervision. Automatic pool covers may be eligible for a variance to the fencing requirement. These requirements must be met even if the pool is empty. ▲ **Threshold of Compliance:** If some of the children are in the pool and other children are outside the pool and only one staff person is present, the home is noncompliant. There is one exception: A caregiver may be in the fenced pool area alone with the children and remain outside of the pool while the children are

in the pool as long as the provider is actively supervising the children (not laying in a lounge chair sunbathing) and all the children can either swim (can ask them to demonstrate) or have Coast Guard approved flotation devices on such as Puddle Jumpers. This does not include the blow up arm floats. Children located outside of the fenced pool area cannot be supervised by the caregiver in the pool area as long as there are children in the pool area. Child/staff ratios must be maintained at all times. Caregiver cannot send children in house alone to use the bathroom nor can the caregiver leave the children in the pool alone. This is a violation of supervision.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Indiana does not have a law or promulgated rule related to this requirement. The following information is available in the home interpretive guide which is located on the FSSA website: 470 IAC 3-1.1-45 General Environment: Intent: To prevent the children from access to streets and other hazards.** ○ **Assessment Method:** Observe the outside play area. Fencing or another form of barrier such as a hedge or other plants that restrains the children, and that they cannot climb, must be provided around the play area. Fences should be a minimum of four (4) feet high. When children are outside playing or doing activities, they shall remain in the fenced in play area for their protection. Children are not allowed to play in an area of the yard, on the porch, on the sidewalk, driveway, etc. that is not fenced in.
- vi. ■ **470 IAC 3-1.1-39 Swimming Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 39.** (a) The caregiver shall be physically present at the swimming or wading pool to supervise when the children in care are swimming or wading. (b) At least one (1) direct child care provider shall be available to supervise any children not swimming or wading in addition to staff requirements in section 36.5 of this rule. (c) Child care providers shall empty portable wading pools immediately after use. (d) All inground or nonportable above ground swimming pools accessible to children shall be in compliance with local zoning ordinances and surrounded by a fence secured with a locked gate to prevent children from entering the area unsupervised. Intent: To prevent accidental drowning and illness or infections that result from poor sanitary practices. Swimming and wading pools are a frequent cause of childhood injuries and deaths. Constant, intensive supervision is necessary for children in the pool; therefore a caregiver cannot also supervise children who are not in the pool. When not in use all pools must be absolutely inaccessible to the children. According to State Department of Health rules, wading pools without a filter or circulating water flow are not permitted in child care. ○ **Assessment Method:** Observe to premise for pool and interview caregiver to determine if a wading or above ground pool is available to the children. Observe the pool for locked gate and fencing. The lock must be either a combination or key lock. If visiting home while pool is in use, closely observe the staffing and supervision. Automatic pool covers may be eligible for a variance to the fencing requirement. These requirements must be met even if the pool is empty. ▲ **Threshold of Compliance:** If some of the children are in the pool and other children are outside the pool and only one staff person is present, the home is noncompliant. There is one exception: A caregiver may be in the fenced pool

area alone with the children and remain outside of the pool while the children are in the pool as long as the provider is actively supervising the children (not laying in a lounge chair sunbathing) and all the children can either swim (can ask them to demonstrate) or have Coast Guard approved flotation devices on such as Puddle Jumpers. This does not include the blow up arm floats. Children located outside of the fenced pool area cannot be supervised by the caregiver in the pool area as long as there are children in the pool area. Child/staff ratios must be maintained at all times. Caregiver cannot send children in house alone to use the bathroom nor can the caregiver leave the children in the pool alone. This is a violation of supervision.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Indiana does not have a law or promulgated rule regarding this topic. The following information is part of the LLEP packet that is provided to all exempt providers and is posted on the FSSA website: IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational material** • Safe Conditions • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's. • Link to Free Universal Precautions Training Log in to ILEAD to get to Indiana Learning Paths: [Click Here](#) • Universal Precautions & Bloodborne Pathogen Training: [Click Here](#) • At the time a provider establishes the written policy and at the time of any subsequent change to the written policy, the provider shall: o File with your LLEP licensing consultant - OECOSL o Post in a public location in the program where the provider operates a child care program; and o Provide to the parent or guardian of each child in the care of the provider, a copy of the written policy or change. – The Licensing Consultant will confirm this by observation and/or file review during program inspection. o Safe Conditions Policy Sample: [Click Here](#) o Transportation Safety Policy: [Click Here](#)

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Indiana does not have a law or promulgated rule regarding this topic. The following information is part of the LLEP packet that is provided to all exempt providers and is posted on the FSSA website: IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational material** • Safe Conditions • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's. • Link to Free Universal Precautions Training Log in to ILEAD to get to Indiana Learning Paths: [Click Here](#) • Universal Precautions & Bloodborne Pathogen Training: [Click](#)

Here • At the time a provider establishes the written policy and at the time of any subsequent change to the written policy, the provider shall: o File with your LLEP licensing consultant -OECOSL o Post in a public location in the program where the provider operates a child care program; and o Provide to the parent or guardian of each child in the care of the provider, a copy of the written policy or change. – The Licensing Consultant will confirm this by observation and/or file review during program inspection. o Safe Conditions Policy Sample: [Click Here](#) o Transportation Safety Policy: [Click Here](#)

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Indiana does not have a law or promulgated rule regarding this topic. The following information is part of the LLEP packet that is provided to all exempt providers and is posted on the FSSA website: IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational material** • **Safe Conditions** • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's. • Link to Free Universal Precautions Training Log in to ILEAD to get to Indiana Learning Paths: [Click Here](#) • Universal Precautions & Bloodborne Pathogen Training: [Click Here](#) • At the time a provider establishes the written policy and at the time of any subsequent change to the written policy, the provider shall: o File with your LLEP licensing consultant -OECOSL o Post in a public location in the program where the provider operates a child care program; and o Provide to the parent or guardian of each child in the care of the provider, a copy of the written policy or change. – The Licensing Consultant will confirm this by observation and/or file review during program inspection. o Safe Conditions Policy Sample: [Click Here](#) o Transportation Safety Policy: [Click Here](#)

c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **470 IAC 3-4.7-68 Playground design Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 68.** (a) The outdoor caregivers will interact with children in all areas of the playground and ensure that all children are visible at all times. (b) The outdoor play area shall be safely enclosed, fenced, or protected from traffic by other natural barriers. Air compressors or other dangerous equipment in the outdoor play area shall be enclosed and inaccessible to children. (c) The outdoor play area shall contain at least seventy-five (75) square feet for each child outdoors at any one (1) time. (d) The outdoor play area shall be directly accessible from the indoor child care center. If this is not possible and children cross traffic areas, such as a street, alley, or parking lot, the following steps apply to crossing the area: (1) No child shall cross a traffic area unassisted. (2) Children shall wait at the edge of the traffic

area. (3) The caregiver shall move to the center of the traffic area and assure that no autos are present or that all traffic is stopped. (4) The caregiver shall remain in the center of the traffic area until the last child has safely crossed the area. (5) When crossing public streets or other areas regularly traveled, caregivers shall display a flag, Stop sign, or other effective sign designed to halt traffic while children cross the area. (e) The outdoor play area and equipment shall be well drained and free from standing water.

- ii. The following information is available in the centers interpretive guide which is located on the FSSA website: 470 IAC 3-4.7-2 Licensing requirements: (i) The child care center shall not operate in an area where conditions exist that could be injurious to the welfare of children. Intent: To ensure that the Center is located in an area that is free from hazards, such as heavy traffic, deep excavations, radiation hazards, pits, abandoned wells or other risks of entrapment or other unsafe or harmful environmental elements. The determination of hazard is made by the Division. Location near some potential hazards may be permitted if the Division determines that there is no immediate threat of harm to the children, e.g. location next to an interstate or a chemical plant that is in compliance with all codes.
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Indiana does not have a law or promulgated rule related to this requirement.** The following information is available in the home interpretive guide which is located on the FSSA website: 470 IAC 3-1.1-45 General Environment: Intent: To prevent the children from access to streets and other hazards. ○ Assessment Method: Observe the outside play area. Fencing or another form of barrier such as a hedge or other plants that restrains the children, and that they cannot climb, must be provided around the play area. Fences should be a minimum of four (4) feet high. When children are outside playing or doing activities, they shall remain in the fenced in play area for their protection. Children are not allowed to play in an area of the yard, on the porch, on the sidewalk, driveway, etc. that is not fenced in.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Indiana does not have a law or promulgated rule related to this requirement.** The following information is available in the home interpretive guide which is located on the FSSA website: 470 IAC 3-1.1-45 General Environment: Intent: To prevent the children from access to streets and other hazards. ○ Assessment Method: Observe the outside play area. Fencing or another form of barrier such as a hedge or other plants that restrains the children, and that they cannot climb, must be provided around the play area. Fences should be a minimum of four (4) feet high. When children are outside playing or doing activities, they shall remain in the fenced in play area for their protection. Children are not allowed to play in an area of the yard, on the porch, on the sidewalk, driveway, etc. that is not fenced in.
 - [] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Indiana does not have a law or promulgated rule specific to this requirement.** The following information is part of the LLEP packet that is provided to all exempt providers and is posted on the FSSA website: IC 12- 17.2-3.5-5 Facility requirements; activities;

nutrition; educational material • Safe Conditions • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's. • Link to Free Universal Precautions Training Log in to ILEAD to get to Indiana Learning Paths: [Click Here](#) • Universal Precautions & Bloodborne Pathogen Training: [Click Here](#) • At the time a provider establishes the written policy and at the time of any subsequent change to the written policy, the provider shall: o File with your LLEP licensing consultant -OECOSL o Post in a public location in the program where the provider operates a child care program; and o Provide to the parent or guardian of each child in the care of the provider, a copy of the written policy or change. – The Licensing Consultant will confirm this by observation and/or file review during program inspection. o Safe Conditions Policy Sample: [Click Here](#) o Transportation Safety Policy: [Click Here](#)

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Indiana does not have a law or promulgated rule specific to this requirement. The following information is part of the LLEP packet that is provided to all exempt providers and is posted on the FSSA website: IC 12- 17.2-3.5-5 Facility requirements; activities; nutrition; educational material • Safe Conditions • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's. • Link to Free Universal Precautions Training Log in to ILEAD to get to Indiana Learning Paths: [Click Here](#) • Universal Precautions & Bloodborne Pathogen Training: [Click Here](#) • At the time a provider establishes the written policy and at the time of any subsequent change to the written policy, the provider shall: o File with your LLEP licensing consultant - OECOSL o Post in a public location in the program where the provider operates a child care program; and o Provide to the parent or guardian of each child in the care of the provider, a copy of the written policy or change. – The Licensing Consultant will confirm this by observation and/or file review during program inspection. o Safe Conditions Policy Sample: [Click Here](#) o Transportation Safety Policy: [Click Here](#)

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Indiana does not have a law or promulgated rule specific to this requirement. The following information is part of the LLEP packet that is provided to all exempt providers and is posted on the FSSA website: IC 12- 17.2-3.5-5 Facility requirements; activities; nutrition; educational material • Safe Conditions • A provider must have and maintain a written policy describing how you maintain safe conditions in your

childcare program and safety of motor vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's. • Link to Free Universal Precautions Training Log in to ILEAD to get to Indiana Learning Paths: [Click Here](#) • Universal Precautions & Bloodborne Pathogen Training: [Click Here](#) • At the time a provider establishes the written policy and at the time of any subsequent change to the written policy, the provider shall: o File with your LLEP licensing consultant -OECOSL o Post in a public location in the program where the provider operates a child care program; and o Provide to the parent or guardian of each child in the care of the provider, a copy of the written policy or change. – The Licensing Consultant will confirm this by observation and/or file review during program inspection. o Safe Conditions Policy Sample: [Click Here](#) o Transportation Safety Policy: [Click Here](#)

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Indiana does not have a law or promulgated rule specific to this requirement. The following information is part of the LLEP packet that is provided to all exempt providers and is posted on the FSSA website: IC 12- 17.2-3.5-5 Facility requirements; activities; nutrition; educational material** • **Safe Conditions** • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's. • Link to Free Universal Precautions Training Log in to ILEAD to get to Indiana Learning Paths: [Click Here](#) • Universal Precautions & Bloodborne Pathogen Training: [Click Here](#) • At the time a provider establishes the written policy and at the time of any subsequent change to the written policy, the provider shall: o File with your LLEP licensing consultant -OECOSL o Post in a public location in the program where the provider operates a child care program; and o Provide to the parent or guardian of each child in the care of the provider, a copy of the written policy or change. – The Licensing Consultant will confirm this by observation and/or file review during program inspection. o Safe Conditions Policy Sample: [Click Here](#) o Transportation Safety Policy: [Click Here](#)

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **IC 12-17.2-4-4.1 Safe**

sleeping practices; violations; penalties Sec. 4.1. (a) A licensee that cares for children who are less than twelve (12) months of age shall: (1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices; and (2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices. (b) If a licensee violates subsection (a), the division may do the following with respect to each violation determined during an inspection of the child care center: (1) On the first inspection during which a violation is determined during a licensure period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation. (2) On the second inspection during which a violation is determined during a licensure period, impose a civil penalty of fifty dollars (\$50) for each violation determined during the inspection. (3) On the third inspection during which a violation is determined during a licensure period, impose a civil penalty of seventy-five dollars (\$75) for each violation determined during the inspection. (4) On the fourth inspection during which a violation is determined during a licensure period: (A) place the child care center's license on probation for not more than six (6) months; and (B) impose a civil penalty of one hundred dollars (\$100) for each violation determined during the inspection. (5) On the fifth inspection during which a violation is determined during a licensure period: (A) suspend or revoke the child care center's license for one (1) year; and (B) impose a civil penalty of two hundred fifty dollars (\$250) for each violation determined during the inspection. (c) The division shall send to the licensee written notice: (1) of an action taken under subsection (b), specifying the reason for the action and amount of any monetary civil penalty; and (2) that failure to pay any monetary civil penalty may result in revocation of the child care center's license for not more than two (2) years. (d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3. (e) In addition to the actions described in subsection (b), the division may seek further disciplinary action provided for under this article, as determined by the director.

***the agency required safe sleep training includes shaken baby syndrome and abusive head trauma**

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **IC 12-17.2-5-3.7 Safe sleeping practices; violations; penalties Sec. 3.7.** (a) A licensee that cares for children who are less than twelve (12) months of age shall: (1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices as required by section 6.3(a)(3) or 6.5(a)(9) of this chapter, whichever is applicable; and (2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices. (b) If a licensee violates subsection (a), the division may do the following with respect to each violation determined during an inspection of the child care home: (1) On the first inspection during which a violation is determined during a licensure period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation. (2) On the second inspection during which a violation is determined during a licensure period, impose a civil penalty of fifty dollars (\$50) for each violation determined during

the inspection. (3) On the third inspection during which a violation is determined during a licensure period, impose a civil penalty of seventy-five dollars (\$75) for each violation determined during the inspection. (4) On the fourth inspection during which a violation is determined during a licensure period: (A) place the child care home's license on probation for not more than six (6) months; and (B) impose a civil penalty of one hundred dollars (\$100) for each violation determined during the inspection. (5) On the fifth inspection during which a violation is determined during a licensure period: (A) suspend or revoke the child care home's license for one (1) year; and (B) impose a civil penalty of two hundred fifty dollars (\$250) for each violation determined during the inspection. (c) The division shall send to the licensee written notice: (1) of an action taken under subsection (b), specifying the reason for the action and amount of any monetary civil penalty; and (2) that failure to pay any monetary civil penalty may result in revocation of the child care home's license for not more than two (2) years. (d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3. (e) In addition to the actions described in subsection (b), the division may seek further disciplinary action provided for under this article, as determined by the director. 8 *the agency required safe sleep training includes shaken baby syndrome and abusive head trauma

*the agency required safe sleep training includes shaken baby syndrome and abusive head trauma

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **IC 12-17.2-5-3.7 Safe sleeping practices; violations; penalties Sec. 3.7.** (a) A licensee that cares for children who are less than twelve (12) months of age shall: (1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices as required by section 6.3(a)(3) or 6.5(a)(9) of this chapter, whichever is applicable; and (2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices. (b) If a licensee violates subsection (a), the division may do the following with respect to each violation determined during an inspection of the child care home: (1) On the first inspection during which a violation is determined during a licensure period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation. (2) On the second inspection during which a violation is determined during a licensure period, impose a civil penalty of fifty dollars (\$50) for each violation determined during the inspection. (3) On the third inspection during which a violation is determined during a licensure period, impose a civil penalty of seventy-five dollars (\$75) for each violation determined during the inspection. (4) On the fourth inspection during which a violation is determined during a licensure period: (A) place the child care home's license on probation for not more than six (6) months; and (B) impose a civil penalty of one hundred dollars (\$100) for each violation determined during the inspection. (5) On the fifth inspection during which a violation is determined during a licensure period: (A) suspend or revoke the child care home's license for one (1) year; and (B) impose a civil penalty of two hundred fifty dollars (\$250) for each violation determined during the inspection. (c) The division shall

send to the licensee written notice: (1) of an action taken under subsection (b), specifying the reason for the action and amount of any monetary civil penalty; and (2) that failure to pay any monetary civil penalty may result in revocation of the child care home's license for not more than two (2) years. (d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3. (e) In addition to the actions described in subsection (b), the division may seek further disciplinary action provided for under this article, as determined by the director. 8 *the agency required safe sleep training includes shaken baby syndrome and abusive head trauma

*the agency required safe sleep training includes shaken baby syndrome and abusive head trauma

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **IC 12-17.2-3.5-12.5 Safe sleeping practices; violations; penalties Sec. 12.5.** (a) A provider that cares for children who are less than twelve (12) months of age shall: (1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices; and (2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices. (b) If a provider violates subsection (a), the division may do the following with respect to each violation determined during an inspection of the facility where the provider operates a child care program: (1) On the first inspection during which a violation is determined during a licensure period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation. (2) On the second inspection during which a violation is determined during a licensure period, impose a civil penalty of fifty dollars (\$50) for each violation determined during the inspection. (3) On the third inspection during which a violation is determined during a licensure period, impose a civil penalty of seventy-five dollars (\$75) for each violation determined during the inspection. (4) On the fourth inspection during which a violation is determined during a licensure period: (A) decertify the provider for not more than six (6) months; and (B) impose a civil penalty of one hundred dollars (\$100) for each violation determined during the inspection. (5) On the fifth inspection during which a violation is determined during a licensure period: (A) decertify the provider for one (1) year; and (B) impose a civil penalty of two hundred fifty dollars (\$250) for each violation determined during the inspection. (c) The division shall send to the provider written notice: (1) of an action taken under subsection (b), specifying the reason for the action and amount of any monetary civil penalty; and (2) that failure to pay any monetary civil penalty may result in decertification of the provider for not more than two (2) years. (d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3. (e) In addition to the actions described in subsection (b), the division may seek further disciplinary action provided for under this article, as determined by the director.

*the agency required safe sleep training includes shaken baby syndrome and

abusive head trauma

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **IC 12-17.2-3.5-12.5 Safe sleeping practices; violations; penalties Sec. 12.5.** (a) A provider that cares for children who are less than twelve (12) months of age shall: (1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices; and (2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices. (b) If a provider violates subsection (a), the division may do the following with respect to each violation determined during an inspection of the facility where the provider operates a child care program: (1) On the first inspection during which a violation is determined during a licensure period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation. (2) On the second inspection during which a violation is determined during a licensure period, impose a civil penalty of fifty dollars (\$50) for each violation determined during the inspection. (3) On the third inspection during which a violation is determined during a licensure period, impose a civil penalty of seventy-five dollars (\$75) for each violation determined during the inspection. (4) On the fourth inspection during which a violation is determined during a licensure period: (A) decertify the provider for not more than six (6) months; and (B) impose a civil penalty of one hundred dollars (\$100) for each violation determined during the inspection. (5) On the fifth inspection during which a violation is determined during a licensure period: (A) decertify the provider for one (1) year; and (B) impose a civil penalty of two hundred fifty dollars (\$250) for each violation determined during the inspection. (c) The division shall send to the provider written notice: (1) of an action taken under subsection (b), specifying the reason for the action and amount of any monetary civil penalty; and (2) that failure to pay any monetary civil penalty may result in decertification of the provider for not more than two (2) years. (d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3. (e) In addition to the actions described in subsection (b), the division may seek further disciplinary action provided for under this article, as determined by the director.

*the agency required safe sleep training includes shaken baby syndrome and abusive head trauma

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **IC 12-17.2-3.5-12.5 Safe sleeping practices; violations; penalties Sec. 12.5.** (a) A provider that cares for children who are less than twelve (12) months of age shall: (1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices; and (2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices. (b) If a provider violates subsection (a), the division may do the following with respect to each violation determined during an inspection of the facility where the provider operates a child care program: (1) On the first inspection during which a violation is determined during a licensure period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation. (2) On the second inspection during which a violation is

determined during a licensure period, impose a civil penalty of fifty dollars (\$50) for each violation determined during the inspection. (3) On the third inspection during which a violation is determined during a licensure period, impose a civil penalty of seventy-five dollars (\$75) for each violation determined during the inspection. (4) On the fourth inspection during which a violation is determined during a licensure period: (A) decertify the provider for not more than six (6) months; and (B) impose a civil penalty of one hundred dollars (\$100) for each violation determined during the inspection. (5) On the fifth inspection during which a violation is determined during a licensure period: (A) decertify the provider for one (1) year; and (B) impose a civil penalty of two hundred fifty dollars (\$250) for each violation determined during the inspection. (c) The division shall send to the provider written notice: (1) of an action taken under subsection (b), specifying the reason for the action and amount of any monetary civil penalty; and (2) that failure to pay any monetary civil penalty may result in decertification of the provider for not more than two (2) years. (d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3. (e) In addition to the actions described in subsection (b), the division may seek further disciplinary action provided for under this article, as determined by the director.

***the agency required safe sleep training includes shaken baby syndrome and abusive head trauma**

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **IC 12-17.2-3.5-12.5 Safe sleeping practices; violations; penalties Sec. 12.5.** (a) A provider that cares for children who are less than twelve (12) months of age shall: (1) complete the training course provided or approved by the division under IC 12-17.2-2-1(10) concerning safe sleeping practices; and (2) ensure that all caregivers of children who are less than twelve (12) months of age follow safe sleeping practices. (b) If a provider violates subsection (a), the division may do the following with respect to each violation determined during an inspection of the facility where the provider operates a child care program: (1) On the first inspection during which a violation is determined during a licensure period, issue a formal warning letter stating the division's intent to take administrative action and impose a civil penalty for any future violation. (2) On the second inspection during which a violation is determined during a licensure period, impose a civil penalty of fifty dollars (\$50) for each violation determined during the inspection. (3) On the third inspection during which a violation is determined during a licensure period, impose a civil penalty of seventy-five dollars (\$75) for each violation determined during the inspection. (4) On the fourth inspection during which a violation is determined during a licensure period: (A) decertify the provider for not more than six (6) months; and (B) impose a civil penalty of one hundred dollars (\$100) for each violation determined during the inspection. (5) On the fifth inspection during which a violation is determined during a licensure period: (A) decertify the provider for one (1) year; and (B) impose a civil penalty of two hundred fifty dollars (\$250) for each violation determined during the inspection. (c) The division shall send to the provider written notice: (1) of an action taken under subsection

(b), specifying the reason for the action and amount of any monetary civil penalty; and (2) that failure to pay any monetary civil penalty may result in decertification of the provider for not more than two (2) years. (d) The division shall deposit all civil penalties collected under this section in the division of family resources child care fund established by IC 12-17.2-2-3. (e) In addition to the actions described in subsection (b), the division may seek further disciplinary action provided for under this article, as determined by the director.

***the agency required safe sleep training includes shaken baby syndrome and abusive head trauma**

- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **470 IAC 3-4.7-13 Reporting child abuse or neglect Authority: IC 12- 13-5-3 Affected: IC 12-17.2-4 Sec. 13. (a) The center shall at all times maintain the confidentiality of all information obtained regarding the suspected abuse or neglect of a child. (b) During the first two (2) weeks of employment, all staff shall receive documented training in recognizing and reporting child abuse and neglect. The director shall update this training annually. (c) A center shall not employ or utilize the services of a person known by the division and reported to the center as a substantiated perpetrator of child abuse or neglect. (d) The center shall develop written guidelines for reporting suspected child abuse or neglect and include in staff training. (e) The director and all staff shall refrain from questioning children and suspected perpetrators beyond gathering information to report the suspected abuse or neglect to child protective services. (f) Staff shall immediately report suspected child abuse or neglect as follows: (1) If the alleged abuse or neglect occurred while the child was under the care of the child care center or the center receives a complaint from anyone regarding possible abuse or neglect of a child by a staff member, they or the director must immediately call the institutional abuse hotline or a law enforcement agency and self-report the suspected abuse or neglect. ii. *The agency required child abuse and neglect training is relevant for children from birth to 18 years of age.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **470 IAC 3-1.1-33.5 Staff orientation, training, and development Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 33.5. (a) Direct child care providers, including volunteers, shall receive training in fire prevention and safety procedures within one (1) week of starting employment or volunteer work. (b) Direct child care providers, including volunteers, shall receive training in the following within thirty (30) days of starting employment or volunteer work: (1) The child care home inspection checklist. (2) Confidential treatment of personal information about children in care and their families. (3) Procedures for preventing, detecting, and reporting suspected child abuse and neglect. (4) Universal precautions. (c) Direct child care providers shall complete a first aid course every three (3) years which includes training for the emergency treatment of poisoning, seizures, hemorrhaging, and choking. The course must also include training in artificial respiration. Training**

shall be completed within ninety (90) days of starting employment or volunteer work. (d) At least one (1) direct child care provider shall be trained in pediatric cardiopulmonary resuscitation training annually and shall be on the premises at all times.

The attached staff file review sheet is located on the FSSA website:
<https://www.in.gov/fssa/carefinder/files/Home-Staff-File-Resource-Sheet.pdf>

iii. All CCDF-eligible licensed in-home care. Provide the standard: **470 IAC 3-1.1-33.5 Staff orientation, training, and development Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 33.5.** (a) Direct child care providers, including volunteers, shall receive training in fire prevention and safety procedures within one (1) week of starting employment or volunteer work. (b) Direct child care providers, including volunteers, shall receive training in the following within thirty (30) days of starting employment or volunteer work: (1) The child care home inspection checklist. (2) Confidential treatment of personal information about children in care and their families. (3) Procedures for preventing, detecting, and reporting suspected child abuse and neglect. (4) Universal precautions. (c) Direct child care providers shall complete a first aid course every three (3) years which includes training for the emergency treatment of poisoning, seizures, hemorrhaging, and choking. The course must also include training in artificial respiration. Training shall be completed within ninety (90) days of starting employment or volunteer work. (d) At least one (1) direct child care provider shall be trained in pediatric cardiopulmonary resuscitation training annually and shall be on the premises at all times.

The attached staff file review sheet is located on the FSSA website:
<https://www.in.gov/fssa/carefinder/files/Home-Staff-File-Resource-Sheet.pdf>

[] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **IC 12-17.2-3.5-8 Caregiver requirements; education; documentation Sec. 8.** (a) At least one (1) adult individual who maintains annual certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by a provider shall be present at all times when a child is in the care of the provider. (b) 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: (1) The individual shall maintain current certification in first aid applicable to all age groups of children cared for by the provider. (2) If the individual is: (A) at least eighteen (18) years of age, the individual may act as a caregiver without supervision of another caregiver; or (B) less than eighteen (18) years of age, the individual may act as a caregiver only if the individual: (i) is at least fourteen (14) years of age; and (ii) is, at all times when child care is provided, directly supervised by a caregiver who is at least eighteen (18) years of age. (3) Before beginning employment or volunteer duties, the individual must receive a formal orientation to the facility and the child care program. (4) Beginning July 1, 2015, unless the provider is a parent, stepparent, guardian, custodian, or other relative to each child in the care of the provider, the individual annually must receive at least twelve (12) hours of continuing education

approved by the division and related to the age appropriate educational development, care, and safety of children. The hours of continuing education required by this subdivision may include the training described in this chapter concerning child abuse detection and prevention, first aid, cardiopulmonary resuscitation, and safe sleeping practices. (5) 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.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **IC 12-17.2-3.5-8 Caregiver requirements; education; documentation Sec. 8.** (a) At least one (1) adult individual who maintains annual certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by a provider shall be present at all times when a child is in the care of the provider. (b) 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: (1) The individual shall maintain current certification in first aid applicable to all age groups of children cared for by the provider. (2) If the individual is: (A) at least eighteen (18) years of age, the individual may act as a caregiver without supervision of another caregiver; or (B) less than eighteen (18) years of age, the individual may act as a caregiver only if the individual: (i) is at least fourteen (14) years of age; and (ii) is, at all times when child care is provided, directly supervised by a caregiver who is at least eighteen (18) years of age. (3) Before beginning employment or volunteer duties, the individual must receive a formal orientation to the facility and the child care program. (4) Beginning July 1, 2015, unless the provider is a parent, stepparent, guardian, custodian, or other relative to each child in the care of the provider, the individual annually must receive at least twelve (12) hours of continuing education approved by the division and related to the age-appropriate educational development, care, and safety of children. The hours of continuing education required by this subdivision may include the training described in this chapter concerning child abuse detection and prevention, first aid, cardiopulmonary resuscitation, and safe sleeping practices. (5) 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.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **IC 12-17.2-3.5-8 Caregiver requirements; education; documentation Sec. 8.** (a) At least one (1) adult individual who maintains annual certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by a provider shall be present at all times when a child is in the care of the provider. (b) 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: (1) The individual shall maintain current certification in first aid applicable to all age groups of children cared for by the provider. (2) If the individual is: (A) at least eighteen (18) years of age, the individual may act as a caregiver without supervision of another caregiver; or (B) less than eighteen (18) years of age, the individual may act as a caregiver only if the individual: (i) is at least fourteen (14) years of age; and (ii) is, at all times when child care is provided, directly supervised

by a caregiver who is at least eighteen (18) years of age. (3) Before beginning employment or volunteer duties, the individual must receive a formal orientation to the facility and the child care program. (4) Beginning July 1, 2015, unless the provider is a parent, stepparent, guardian, custodian, or other relative to each child in the care of the provider, the individual annually must receive at least twelve (12) hours of continuing education approved by the division and related to the age appropriate educational development, care, and safety of children. The hours of continuing education required by this subdivision may include the training described in this chapter concerning child abuse detection and prevention, first aid, cardiopulmonary resuscitation, and safe sleeping practices. (5) 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.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **IC 12-17.2-3.5-8 Caregiver requirements; education; documentation Sec. 8.** (a) At least one (1) adult individual who maintains annual certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by a provider shall be present at all times when a child is in the care of the provider. (b) 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: (1) The individual shall maintain current certification in first aid applicable to all age groups of children cared for by the provider. (2) If the individual is: (A) at least eighteen (18) years of age, the individual may act as a caregiver without supervision of another caregiver; or (B) less than eighteen (18) years of age, the individual may act as a caregiver only if the individual: (i) is at least fourteen (14) years of age; and (ii) is, at all times when child care is provided, directly supervised by a caregiver who is at least eighteen (18) years of age. (3) Before beginning employment or volunteer duties, the individual must receive a formal orientation to the facility and the child care program. (4) Beginning July 1, 2015, unless the provider is a parent, stepparent, guardian, custodian, or other relative to each child in the care of the provider, the individual annually must receive at least twelve (12) hours of continuing education approved by the division and related to the age appropriate educational development, care, and safety of children. The hours of continuing education required by this subdivision may include the training described in this chapter concerning child abuse detection and prevention, first aid, cardiopulmonary resuscitation, and safe sleeping practices. (5) 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.

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. Evacuation
- ii. Relocation

- iii. Shelter-in-place
- iv. Lock down
- v. Staff emergency preparedness
 - Training
 - Practice drills
- vi. Volunteer emergency preparedness
 - Training
 - Practice drills
- vii. Communication with families
- viii. Reunification with families
- ix. Continuity of operations
- x. Accommodation of
 - Infants
 - Toddlers
 - Children with disabilities
 - Children with chronic medical conditions
- xi. If any of the above are not checked, describe:

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **470 IAC 3-4.7-100 Poisons, chemicals, and hazardous items Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 100. (a) Poisons, chemicals, and any item that states fatal if swallowed must be in locked storage and not accessible to children. (b) Chemicals for lawn care and insect and rodent control shall not be applied when children are present in the child care center. (c) Peeling paint, on any interior or exterior surface or on any equipment, that contains lead in excess of current ISDH standards shall be made inaccessible to children until laboratory analysis is made on the peeling material. (d) The division shall approve all lead abatement procedures prior to the start of work. (e) The center must store cleaning equipment, cleaning agents, aerosol cans, and any other item that states keep out of the reach of children in a place that is inaccessible to children. (f) The center must store hazardous articles, sharp scissors, knives, latches, lighters, flammable liquids, power tools, cleaning supplies, and any other items that might be harmful to children in a place inaccessible to children. (g) 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 shall be out of reach of children or be separated from the space by partitions, screens, or other means, which are firmly attached and cannot be overturned. (h) The center shall make inaccessible to children environmental hazards that present a risk for entrapment or burial, such as, but not limited to, the following: (1) Pits. (2) Abandoned wells. (3) Abandoned appliances.

All caregivers in licensed child care centers are required to take Universal Precautions training annually.

ii. The following information is available in the center interpretive guide located on the FSSA website: 470 IAC 3-4.7-32 Staff Orientation: (b) During the first two (2) weeks of employment, all staff and volunteers shall have the following training or information provided according to their individual responsibilities: (1) Developmentally appropriate practices in the early childhood program. (2) The goals and philosophy of the center. (3) Daily schedules, routines, and transition procedures. (4) Parent communication policies. (5) Child abuse detection, prevention, and reporting responsibilities (see section 13 of this rule). (6) Recognizing symptoms of illness. (7) Cleaning, sanitation, and disinfection procedures. (8) Special needs policies. (9) Training specific to the special needs of children under their care. (10) The center's confidentiality policy. (11) All aspects of this rule. Intent: Provision (b) ensures that all staff are provided essential information on the philosophy, goals and practices of the Center in order that they can fully assume the duties and responsibilities of their positions and understand and can implement center policies and procedures. Note: The handling and storage of hazardous materials and the appropriate disposal of bio contaminants must be included in this training requirement.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: 470 IAC 3-1.1-48 Safety Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 48. (a) Direct child care providers shall keep protective coverings over exposed electrical outlets. (b) If fans or heaters are used, licensee shall provide models that are protected by safety devices which will not allow a child's fingers to come in contact with the blade or heating element. (c) Caregiver shall keep poisonous or hazardous materials that would harm children, including, but not limited to: (1) cleaning supplies; (2) detergents; (3) insect sprays; and (4) medication; in areas inaccessible to children. (d) Caregiver shall store implements and tools, including, but not limited to: (1) power tools; (2) hand tools; and (3) gardening tools; in areas inaccessible to children. (e) When children are present in the child care home, caregiver shall keep all ammunition and firearms in a locked area that is inaccessible to children at all times.

All caregivers in licensed child care homes are required to take Universal Precautions training annually.

iii. All CCDF-eligible licensed in-home care. Provide the standard: 470 IAC 3-1.1-48 Safety Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 48. (a) Direct child care providers shall keep protective coverings over exposed electrical outlets. (b) If fans or heaters are used, licensee shall provide models that are protected by

safety devices which will not allow a child's fingers to come in contact with the blade or heating element. (c) Caregiver shall keep poisonous or hazardous materials that would harm children, including, but not limited to: (1) cleaning supplies; (2) detergents; (3) insect sprays; and (4) medication; in areas inaccessible to children. (d) Caregiver shall store implements and tools, including, but not limited to: (1) power tools; (2) hand tools; and (3) gardening tools; in areas inaccessible to children. (e) When children are present in the child care home, caregiver shall keep all ammunition and firearms in a locked area that is inaccessible to children at all times.

All caregivers in licensed child care homes are required to take Universal Precautions training annually.

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **IC 12-17.2-3.5-10 Fire safety requirements Sec. 10.** (a) A facility where a provider operates a child care program must have two (2) exits that: (1) do not require passage through a: (A) garage; or (B) storage area; where hazardous materials are stored; (2) are not windows; (3) are on different sides of the facility; (4) are not blocked; and (5) are operable from the inside without the use of a key or any special knowledge. (b) A provider shall: (1) conduct monthly documented fire drills: (A) in accordance with the rules of the fire prevention and building safety commission; and (B) that include complete evacuation of all: (i) children; and (ii) adults who provide child care; in the facility; (2) maintain documentation of all fire drills conducted during the immediately preceding twelve (12) month period, including: (A) the date and time of the fire drill; (B) the name of the individual who conducted the fire drill; (C) the weather conditions at the time of the fire drill; and (D) the amount of time required to fully evacuate the facility; and (3) maintain a two and one-half (2 1/2) pound or greater ABC multiple purpose fire extinguisher: (A) on each floor of the facility; and (B) in the kitchen area of the facility; in each facility where the provider operates a child care program.

IC 12-17.2-3.5-11 Safety Sec. 11. (a) A provider shall provide for a safe environment by ensuring that no conditions exist in or on the grounds of the facility where the provider operates a child care program that would endanger the health, safety, or welfare of the children, including ensuring that the following items are placed in areas that are inaccessible to the children in the provider's care: (1) Firearms, ammunition, and other weapons. (2) Poisons, chemicals, bleach, and cleaning materials. (3) Medications. (b) A provider shall do the following with respect to transporting children away from the facility where the provider operates a child care program: (1) Obtain written permission from the child's parent or legal guardian to transport the child. (2) Ensure that the child is transported only by an employee or a volunteer who: (A) is at least eighteen (18) years of age; (B) holds a valid driver's license; and (C) transports the child in a properly licensed and insured motor vehicle.

vii. The following information is available in the LLEP packet which is posted on the FSSA website: **IC 12-17.2-3.5-5 Facility requirements; activities; nutrition;**

educational material • Safe Conditions • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **IC 12-17.2-3.5-10 Fire safety requirements Sec. 10.** (a) A facility where a provider operates a child care program must have two (2) exits that: (1) do not require passage through a: (A) garage; or (B) storage area; where hazardous materials are stored; (2) are not windows; (3) are on different sides of the facility; (4) are not blocked; and (5) are operable from the inside without the use of a key or any special knowledge. (b) A provider shall: (1) conduct monthly documented fire drills: (A) in accordance with the rules of the fire prevention and building safety commission; and (B) that include complete evacuation of all: (i) children; and (ii) adults who provide child care; in the facility; (2) maintain documentation of all fire drills conducted during the immediately preceding twelve (12) month period, including: (A) the date and time of the fire drill; (B) the name of the individual who conducted the fire drill; (C) the weather conditions at the time of the fire drill; and (D) the amount of time required to fully evacuate the facility; and (3) maintain a two and one-half (2 1/2) pound or greater ABC multiple purpose fire extinguisher: (A) on each floor of the facility; and (B) in the kitchen area of the facility; in each facility where the provider operates a child care program.

IC 12-17.2-3.5-11 Safety Sec. 11. (a) A provider shall provide for a safe environment by ensuring that no conditions exist in or on the grounds of the facility where the provider operates a child care program that would endanger the health, safety, or welfare of the children, including ensuring that the following items are placed in areas that are inaccessible to the children in the provider's care: (1) Firearms, ammunition, and other weapons. (2) Poisons, chemicals, bleach, and cleaning materials. (3) Medications. (b) A provider shall do the following with respect to transporting children away from the facility where the provider operates a child care program: (1) Obtain written permission from the child's parent or legal guardian to transport the child. (2) Ensure that the child is transported only by an employee or a volunteer who: (A) is at least eighteen (18) years of age; (B) holds a valid driver's license; and (C) transports the child in a properly licensed and insured motor vehicle.

vii. The following information is available in the LLEP packet which is posted on the FSSA website: **IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational material • Safe Conditions • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make**

every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **IC 12-17.2-3.5-10 Fire safety requirements Sec. 10.** (a) A facility where a provider operates a child care program must have two (2) exits that: (1) do not require passage through a: (A) garage; or (B) storage area; where hazardous materials are stored; (2) are not windows; (3) are on different sides of the facility; (4) are not blocked; and (5) are operable from the inside without the use of a key or any special knowledge. (b) A provider shall: (1) conduct monthly documented fire drills: (A) in accordance with the rules of the fire prevention and building safety commission; and (B) that include complete evacuation of all: (i) children; and (ii) adults who provide child care; in the facility; (2) maintain documentation of all fire drills conducted during the immediately preceding twelve (12) month period, including: (A) the date and time of the fire drill; (B) the name of the individual who conducted the fire drill; (C) the weather conditions at the time of the fire drill; and (D) the amount of time required to fully evacuate the facility; and (3) maintain a two and one-half (2 1/2) pound or greater ABC multiple purpose fire extinguisher: (A) on each floor of the facility; and (B) in the kitchen area of the facility; in each facility where the provider operates a child care program.

IC 12-17.2-3.5-11 Safety Sec. 11. (a) A provider shall provide for a safe environment by ensuring that no conditions exist in or on the grounds of the facility where the provider operates a child care program that would endanger the health, safety, or welfare of the children, including ensuring that the following items are placed in areas that are inaccessible to the children in the provider's care: (1) Firearms, ammunition, and other weapons. (2) Poisons, chemicals, bleach, and cleaning materials. (3) Medications. (b) A provider shall do the following with respect to transporting children away from the facility where the provider operates a child care program: (1) Obtain written permission from the child's parent or legal guardian to transport the child. (2) Ensure that the child is transported only by an employee or a volunteer who: (A) is at least eighteen (18) years of age; (B) holds a valid driver's license; and (C) transports the child in a properly licensed and insured motor vehicle.

vii. The following information is available in the LLEP packet which is posted on the FSSA website: **IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational material** • **Safe Conditions** • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **IC 12-17.2-3.5-10 Fire safety requirements**

Sec. 10. (a) A facility where a provider operates a child care program must have two (2) exits that: (1) do not require passage through a: (A) garage; or (B) storage area; where hazardous materials are stored; (2) are not windows; (3) are on different sides of the facility; (4) are not blocked; and (5) are operable from the inside without the use of a key or any special knowledge. **(b)** A provider shall: (1) conduct monthly documented fire drills: (A) in accordance with the rules of the fire prevention and building safety commission; and (B) that include complete evacuation of all: (i) children; and (ii) adults who provide child care; in the facility; (2) maintain documentation of all fire drills conducted during the immediately preceding twelve (12) month period, including: (A) the date and time of the fire drill; (B) the name of the individual who conducted the fire drill; (C) the weather conditions at the time of the fire drill; and (D) the amount of time required to fully evacuate the facility; and (3) maintain a two and one-half (2 1/2) pound or greater ABC multiple purpose fire extinguisher: (A) on each floor of the facility; and (B) in the kitchen area of the facility; in each facility where the provider operates a child care program.

IC 12-17.2-3.5-11 Safety Sec. 11. **(a)** A provider shall provide for a safe environment by ensuring that no conditions exist in or on the grounds of the facility where the provider operates a child care program that would endanger the health, safety, or welfare of the children, including ensuring that the following items are placed in areas that are inaccessible to the children in the provider's care: (1) Firearms, ammunition, and other weapons. (2) Poisons, chemicals, bleach, and cleaning materials. (3) Medications. **(b)** A provider shall do the following with respect to transporting children away from the facility where the provider operates a child care program: (1) Obtain written permission from the child's parent or legal guardian to transport the child. (2) Ensure that the child is transported only by an employee or a volunteer who: (A) is at least eighteen (18) years of age; (B) holds a valid driver's license; and (C) transports the child in a properly licensed and insured motor vehicle.

vii. The following information is available in the LLEP packet which is posted on the FSSA website: IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational material • Safe Conditions • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. o The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Indiana does not have a law or promulgated rule regarding this regulation. The following information is available in the center interpretive guide located on the FSSA website: 470 IAC 3-4.7-32 Staff Orientation:** (b) During the first two (2) weeks of employment, all staff

and volunteers shall have the following training or information provided according to their individual responsibilities: (1) Developmentally appropriate practices in the early childhood program. (2) The goals and philosophy of the center. (3) Daily schedules, routines, and transition procedures. (4) Parent communication policies. (5) Child abuse detection, prevention, and reporting responsibilities (see section 13 of this rule). (6) Recognizing symptoms of illness. (7) Cleaning, sanitation, and disinfection procedures. (8) Special needs policies. (9) Training specific to the special needs of children under their care. (10) The center's confidentiality policy. (11) All aspects of this rule. Intent: Provision (b) ensures that all staff are provided essential information on the philosophy, goals and practices of the Center in order that they can fully assume the duties and responsibilities of their positions and understand and can implement center policies and procedures. Note: The handling and storage of hazardous materials and the appropriate disposal of bio-contaminants must be included in this training requirement.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Indiana does not have a law or promulgated rule regarding this regulation.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Indiana does not have a law or promulgated rule regarding this regulation.**
 - [] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Indiana does not have a law or promulgated rule regarding this regulation. The following information is available in the LLEP packet which is given to all exempt providers and is posted on the FSSA website: IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational material • Safe Conditions • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Indiana does not have a law or promulgated rule regarding this regulation. The following information is available in the LLEP packet which is given to all exempt providers and is posted on the FSSA website: IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational material • Safe Conditions • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Indiana does**

not have a law or promulgated rule regarding this regulation. The following information is available in the LLEP packet which is given to all exempt providers and is posted on the FSSA website: IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational material • Safe Conditions • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Indiana does not have a law or promulgated rule regarding this regulation. The following information is available in the LLEP packet which is given to all exempt providers and is posted on the FSSA website: IC 12-17.2-3.5-5 Facility requirements; activities; nutrition; educational material • Safe Conditions • A provider must have and maintain a written policy describing how you maintain safe conditions in your childcare program and safety of motor vehicles used to transport children. The policy should include: • Protections from hazards that can cause bodily injury such as, electrical hazards, bodies of water and vehicular traffic. • The provider shall make every effort to control the spread of communicable diseases and shall establish written health policies and Precautions. To ensure the handling and storage of hazardous materials and the appropriate disposal of biocontainment's.**

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **470 IAC 3-4.7-72 Transportation in child care center owned or leased vehicles Authority: IC 12-13-5-3 Affected: IC 9-19-11; IC 12-17.2-4 Sec. 72. The following rules apply to all center transportation of children in vehicles owned or leased by the center: (1) The center shall assume responsibility for a child between the place where the child is picked up and the child care center, and from the time he or she leaves the child care center until he or she is delivered to his or her parent or the responsible person designated by his or her parents. (2) The center shall do the following: (A) Obtain signed parental permission to transport prior to providing transportation for a child. (B) Maintain child/staff ratios when transporting children, except as in clause (C). (C) When transporting more than twelve (12) children on a school bus or Head Start bus to and from school or home, have at least one (1) qualified caregiver not including the driver supervise the children. (D) License any vehicle operated by the center in accordance with the laws of Indiana. (E) Carry liability insurance to cover all passengers riding in the vehicle. (F) Maintain vehicles in safe operating condition. (G) Keep the vehicle clean and free of obstructions on the floors, seats, and rear window area. (H) Present documentation that vehicles used in transporting children are appropriately licensed and maintained. (I) Not**

transport more children than the manufacturer's rated passenger capacity. (J) Not permit children to ride in the front seat of any vehicle. (K) Post a sign in the vehicle stating that this is a smoke free vehicle. (L) Check driver has proper license from bureau of motor vehicles on at least an annual basis. (3) Staff shall comply with the following: (A) Not leave children in any vehicle unattended. (B) Load and unload children from the curbside of the vehicle. (C) Not permit children to open and close the vehicle doors. (D) Lock all passenger doors while the vehicle is in motion. (E) Have in the vehicle emergency medical authorization for all children and emergency contact numbers for all occupants. (4) The driver shall comply with the following: (A) Be at least twenty-one (21) years of age and hold a proper license to operate the vehicle. (B) Turn the vehicle off when loading or unloading children. (This does not apply to regulation school buses.) (C) Seat all children in proper safety restraints to comply with IC 9-19-11 while the vehicle is in motion. (D) Not have used alcohol within twelve (12) hours prior to transporting children. (E) Not use illegal drugs. (F) Ensure that any prescription drugs will not impair their ability to drive. (G) Not have any medical conditions that would affect the driver's ability to safely operate the vehicle. (5) The director or administrator shall require drug testing of employees when illegal drug use or alcohol use as in subdivision (4)(D) is suspected. (6) Vehicle equipment shall include the following: (A) A first aid kit, fire extinguisher, and blanket when transporting children. (B) One (1) restraint per child. (C) Door locks. (7) When transporting a child in a wheelchair, vehicles shall accommodate the placement of wheelchairs with tie downs affixed according to the manufacturer's instructions.

ii. Transportation in other vehicles Authority: IC 12-13-5-3 Affected: IC 9-19- 11; IC 12-17.2-4 Indiana Administrative Code Page 66 CHILD WELFARE SERVICES Sec. 73. The following rules apply to all transportation of children while under the care of the child care center in vehicles not owned or leased by the center: (1) The center shall assume responsibility for a child between the place where the child is picked up and the child care center, and from the time he leaves the child care center until he or she is delivered to his or her parent or the responsible person designated by his or her parents. (2) The center shall do the following: (A) Obtain signed parental permission to transport in a vehicle not owned by the center prior to providing transportation for a child. (B) Maintain child/staff ratios when transporting children. (C) Carry liability insurance to cover all children riding in the vehicle beyond the coverage provided by the vehicle owner. (D) Not permit transportation of more children than the manufacturer's rated passenger capacity. (E) Only permit children to be transported in vehicles that are smoke free. (F) Not permit children to ride in the front seat of any vehicle. (G) Assure that the driver is at least twenty-one (21) years of age and holds a proper license to operate the vehicle. (3) Child care center staff shall instruct the driver of each vehicle to do the following: (A) Not leave children in any vehicle unattended. (B) Load and unload children from the curb side of the vehicle. (C) Turn the vehicle off when loading or unloading children. (D) Not permit children to open and close the vehicle doors. (E) Lock all vehicle doors while the vehicle is in motion. (4) Staff shall do the following: (A) Visually inspect vehicles to assure they are in safe operating condition. (B) Visually inspect vehicles to assure they are clean and free of obstructions on the floors, seats, and rear window area. (C) Have in the vehicle

emergency medical authorization for all children and emergency contact numbers for all occupants. (D) Secure all children in proper safety restraints with one (1) child per restraint to comply with IC 9-19-11 while the vehicle is in motion.

iii. **Transportation to school Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 74.**

(a) If the center provides transportation for children to or from school, the center is responsible for the child during transportation. (b) A child transported to school by the center shall never be left unattended outside the school building. (c) The center shall establish a written transportation agreement between the parent and the center, including, but not limited to, the following: (1) Clear definitions of legal responsibility. (2) The time of the child's release from the school and the center. (3) The means of transportation. (4) Children leaving the center to go to school. (5) Children leaving the school to go to the center. (6) Children leaving school for regular school activities or visiting friends. (7) Children leaving the child care center for extracurricular activities.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **470 IAC 3-1.1-40 Transportation and activities away from the child care home Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 40.** (a) Caregiver shall obtain written parental permission before taking a child away from the child care home for field trips or any other activities. (b) Children may be transported by an individual eighteen (18) years of age or older having a valid driver's license and driving Indiana Administrative Code Page 15 CHILD WELFARE SERVICES a properly licensed and insured vehicle in safe condition. (c) Children shall be transported in safety restraint equipment that is in compliance with state laws. (d) Direct child care providers shall not leave children unattended in a vehicle.

iii. All CCDF-eligible licensed in-home care. Provide the standard: **470 IAC 3-1.1-40 Transportation and activities away from the child care home Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 40.** (a) Caregiver shall obtain written parental permission before taking a child away from the child care home for field trips or any other activities. (b) Children may be transported by an individual eighteen (18) years of age or older having a valid driver's license and driving Indiana Administrative Code Page 15 CHILD WELFARE SERVICES a properly licensed and insured vehicle in safe condition. (c) Children shall be transported in safety restraint equipment that is in compliance with state laws. (d) Direct child care providers shall not leave children unattended in a vehicle.

[] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **IC 12-17.2-3.5-5 (c) Beginning July 1, 2015, a provider shall have, and maintain compliance with, a written policy describing the practice of the provider concerning the following:** (1) Safe conditions in the facility and on the grounds. (2) Safety of motor vehicles used to transport children. (d) At the time a provider establishes the written policy required by subsection (c), and at the time of any subsequent change to the written policy, the provider shall: (1) file with the division; (2) post in a public location in the facility where the provider operates a child care program; and (3) provide to the parent or guardian of each child in the care of the provider; a copy of the written policy or change. The written policy required by subsection (c) is

not subject to approval by the division.

ix. **IC 12-17.2-3.5-11 Safety Sec. 11.** (a) A provider shall provide for a safe environment by ensuring that no conditions exist in or on the grounds of the facility where the provider operates a child care program that would endanger the health, safety, or welfare of the children, including ensuring that the following items are placed in areas that are inaccessible to the children in the provider's care: (1) Firearms, ammunition, and other weapons. (2) Poisons, chemicals, bleach, and cleaning materials. (3) Medications. (b) A provider shall do the following with respect to transporting children away from the facility where the provider operates a child care program: (1) Obtain written permission from the child's parent or legal guardian to transport the child. (2) Ensure that the child is transported only by an employee or a volunteer who: (A) is at least eighteen (18) years of age; (B) holds a valid driver's license; and (C) transports the child in a properly licensed and insured motor vehicle.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **IC 12-17.2-3.5-5 (c) Beginning July 1, 2015, a provider shall have, and maintain compliance with, a written policy describing the practice of the provider concerning the following:** (1) Safe conditions in the facility and on the grounds. (2) Safety of motor vehicles used to transport children. (d) At the time a provider establishes the written policy required by subsection (c), and at the time of any subsequent change to the written policy, the provider shall: (1) file with the division; (2) post in a public location in the facility where the provider operates a child care program; and (3) provide to the parent or guardian of each child in the care of the provider; a copy of the written policy or change. The written policy required by subsection (c) is not subject to approval by the division.

ix. **IC 12-17.2-3.5-11 Safety Sec. 11.** (a) A provider shall provide for a safe environment by ensuring that no conditions exist in or on the grounds of the facility where the provider operates a child care program that would endanger the health, safety, or welfare of the children, including ensuring that the following items are placed in areas that are inaccessible to the children in the provider's care: (1) Firearms, ammunition, and other weapons. (2) Poisons, chemicals, bleach, and cleaning materials. (3) Medications. (b) A provider shall do the following with respect to transporting children away from the facility where the provider operates a child care program: (1) Obtain written permission from the child's parent or legal guardian to transport the child. (2) Ensure that the child is transported only by an employee or a volunteer who: (A) is at least eighteen (18) years of age; (B) holds a valid driver's license; and (C) transports the child in a properly licensed and insured motor vehicle.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **IC 12-17.2-3.5-5 (c) Beginning July 1, 2015, a provider shall have, and maintain compliance with, a written policy describing the practice of the provider concerning the following:** (1) Safe conditions in the facility and on the grounds. (2) Safety of motor vehicles used to transport children. (d) At the time a provider establishes the written policy required by subsection (c), and at the time of any subsequent change to the written policy, the provider shall: (1) file with the division; (2) post

in a public location in the facility where the provider operates a child care program; and (3) provide to the parent or guardian of each child in the care of the provider; a copy of the written policy or change. The written policy required by subsection (c) is not subject to approval by the division.

ix. **IC 12-17.2-3.5-11 Safety Sec. 11.** (a) A provider shall provide for a safe environment by ensuring that no conditions exist in or on the grounds of the facility where the provider operates a child care program that would endanger the health, safety, or welfare of the children, including ensuring that the following items are placed in areas that are inaccessible to the children in the provider's care: (1) Firearms, ammunition, and other weapons. (2) Poisons, chemicals, bleach, and cleaning materials. (3) Medications. (b) A provider shall do the following with respect to transporting children away from the facility where the provider operates a child care program: (1) Obtain written permission from the child's parent or legal guardian to transport the child. (2) Ensure that the child is transported only by an employee or a volunteer who: (A) is at least eighteen (18) years of age; (B) holds a valid driver's license; and (C) transports the child in a properly licensed and insured motor vehicle.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **IC 12-17.2-3.5-5 (c) Beginning July 1, 2015**, a provider shall have, and maintain compliance with, a written policy describing the practice of the provider concerning the following: (1) Safe conditions in the facility and on the grounds. (2) Safety of motor vehicles used to transport children. (d) At the time a provider establishes the written policy required by subsection (c), and at the time of any subsequent change to the written policy, the provider shall: (1) file with the division; (2) post in a public location in the facility where the provider operates a child care program; and (3) provide to the parent or guardian of each child in the care of the provider; a copy of the written policy or change. The written policy required by subsection (c) is not subject to approval by the division.

ix. **IC 12-17.2-3.5-11 Safety Sec. 11.** (a) A provider shall provide for a safe environment by ensuring that no conditions exist in or on the grounds of the facility where the provider operates a child care program that would endanger the health, safety, or welfare of the children, including ensuring that the following items are placed in areas that are inaccessible to the children in the provider's care: (1) Firearms, ammunition, and other weapons. (2) Poisons, chemicals, bleach, and cleaning materials. (3) Medications. (b) A provider shall do the following with respect to transporting children away from the facility where the provider operates a child care program: (1) Obtain written permission from the child's parent or legal guardian to transport the child. (2) Ensure that the child is transported only by an employee or a volunteer who: (A) is at least eighteen (18) years of age; (B) holds a valid driver's license; and (C) transports the child in a properly licensed and insured motor vehicle.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that

address pediatric first aid for all staff for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **IC 12-17.2-4-2 Conditions for licensing; waivers and variances Sec. 2.** (a) A license may be issued only if a child care center is in compliance with food, health, safety, and sanitation standards as determined by the division under rules adopted by the division under IC 12-17.2-2-4 or in accordance with a variance or waiver approved by the division under IC 12-17.2-2-10. (b) A license may be issued only if the child care center is in substantial compliance with the fire and life safety rules as determined by the state fire marshal under rules adopted by the division under IC 12-17.2-2-4 or in accordance with a variance or waiver approved by the division under IC 12-17.2-2-10. (c) The division may issue a waiver or variance regarding a determination by the division or the state fire marshal under subsections (a) and (b). (d) At least one (1) adult individual who maintains current certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by the child care center shall be present at all times when a child is in the care of a child care center. Certifications accepted under this subsection must include a live return demonstration of skills. (e) An individual who: (1) is employed; or (2) volunteers; as a caregiver at a child care center shall maintain current certification in first aid applicable to all age groups of children cared for by the child care center.
- ii. **470 IAC 3-4.7-33 Basic first aid training** Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 33. All caregivers and other persons counted in child/staff ratios shall have training in basic first aid as follows: (1) Prior to opening a child care center, at least one (1) caregiver shall have current training or the expiration date shall be no later than three (3) years from the training date in the administration of basic first aid and be on duty at all times. Additionally, all infant and toddler staff shall have current training in basic first aid. (2) Except as stated in subdivision (1), training for all other staff shall be completed within six (6) months of employment and at least every three (3) years thereafter. (3) Basic first aid training shall include rescue breathing and first aid for choking and shall be consistent with basic first aid training developed by the American Red Cross or the National Safety Council for First Aid Training Institute. (4) The offered first aid instruction shall include, but not be limited to, the following: (A) Hemorrhage. (B) Poisoning. (C) Choking. (D) Shock. (E) Seizures. (F) Head injuries. (G) Artificial respiration. (5) Written records of current certification of first aid training shall be maintained at the child care center for at least three (3) years.
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **IC 12-17.2-5-18.2 Certifications required Sec. 18.2.** (a) At least one (1) adult individual who maintains current certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by the child care home shall be present at all times when a child is in the care of a child care home. Certifications accepted under this subsection must include a live return demonstration of skills. (b) An individual who: (1) is employed; or (2) volunteers; as a caregiver at a child care home shall maintain current certification in first aid applicable to all age groups of children cared for by the child care home.

iv. **470 IAC 3-1.1-33.5 Staff orientation, training, and development Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 33.5.** (a) Direct child care providers, including volunteers, shall receive training in fire prevention and safety procedures within one (1) week of starting employment or volunteer work. (b) Direct child care providers, including volunteers, shall receive training in the following within thirty (30) days of starting employment or volunteer work: (1) The child care home inspection checklist. (2) Confidential treatment of personal information about children in care and their families. (3) Procedures for preventing, detecting, and reporting suspected child abuse and neglect. (4) Universal precautions. (c) Direct child care providers shall complete a first aid course every three (3) years which includes training for the emergency treatment of poisoning, seizures, hemorrhaging, and choking. The course must also include training in artificial respiration. Training shall be completed within ninety (90) days of starting employment or volunteer work. (d) At least one (1) direct child care provider shall be trained in pediatric cardiopulmonary resuscitation training annually and shall be on the premises at all times

iii. All CCDF-eligible licensed in-home care. Provide the standard: **IC 12-17.2-5-18.2 Certifications required Sec. 18.2.** (a) At least one (1) adult individual who maintains current certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by the child care home shall be present at all times when a child is in the care of a child care home. Certifications accepted under this subsection must include a live return demonstration of skills. (b) An individual who: (1) is employed; or (2) volunteers; as a caregiver at a child care home shall maintain current certification in first aid applicable to all age groups of children cared for by the child care home.

iv. **470 IAC 3-1.1-33.5 Staff orientation, training, and development Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 33.5.** (a) Direct child care providers, including volunteers, shall receive training in fire prevention and safety procedures within one (1) week of starting employment or volunteer work. (b) Direct child care providers, including volunteers, shall receive training in the following within thirty (30) days of starting employment or volunteer work: (1) The child care home inspection checklist. (2) Confidential treatment of personal information about children in care and their families. (3) Procedures for preventing, detecting, and reporting suspected child abuse and neglect. (4) Universal precautions. (c) Direct child care providers shall complete a first aid course every three (3) years which includes training for the emergency treatment of poisoning, seizures, hemorrhaging, and choking. The course must also include training in artificial respiration. Training shall be completed within ninety (90) days of starting employment or volunteer work. (d) At least one (1) direct child care provider shall be trained in pediatric cardiopulmonary resuscitation training annually and shall be on the premises at all times

[] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **IC 12-17.2-3.5-8 Caregiver requirements; education; documentation Sec. 8.** (a) At least one (1) adult individual who maintains annual certification in a course of cardiopulmonary

resuscitation applicable to all age groups of children cared for by a provider shall be present at all times when a child is in the care of the provider. (b) 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: (1) The individual shall maintain current certification in first aid applicable to all age groups of children cared for by the provider

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **IC 12-17.2-3.5-8 Caregiver requirements; education; documentation Sec. 8. (a) At least one (1) adult individual who maintains annual certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by a provider shall be present at all times when a child is in the care of the provider. (b) 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: (1) The individual shall maintain current certification in first aid applicable to all age groups of children cared for by the provider**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **IC 12-17.2-3.5-8 Caregiver requirements; education; documentation Sec. 8. (a) At least one (1) adult individual who maintains annual certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by a provider shall be present at all times when a child is in the care of the provider. (b) 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: (1) The individual shall maintain current certification in first aid applicable to all age groups of children cared for by the provider**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **IC 12-17.2-3.5-8 Caregiver requirements; education; documentation Sec. 8. (a) At least one (1) adult individual who maintains annual certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by a provider shall be present at all times when a child is in the care of the provider. (b) 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: (1) The individual shall maintain current certification in first aid applicable to all age groups of children cared for by the provider**

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **IC 12-17.2-4-2 Conditions for licensing; waivers and variances (d) At least one (1) adult individual who maintains current certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by the child care center shall be present at all times when a child is in the care of a child care center. Certifications accepted under this subsection must include a live return demonstration of skills. (e) An individual who: (1) is employed; or (2) volunteer**

470 IAC 3-4.7-34 Cardiopulmonary resuscitation training Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 34. Staff shall have training in cardiopulmonary resuscitation (CPR) as follows: (1) At least one (1) caregiver must have current certification in pediatric CPR and shall be present within the licensed area of the child care center during all hours of operation and with children on field trips. (2) In child care centers licensed for infants or toddlers, all infant and toddler caregivers shall be trained in infant or pediatric CPR as appropriate. (3) Training in CPR shall be appropriate to the age of the children for which the child care center is licensed. Training in adult CPR is required if children eight (8) years of age or older are present. (4) The course shall be based on current guidelines for CPR and emergency cardiac care as published in the Journal of American Medical Association (JAMA). (5) All staff members shall be informed of which employees are trained in CPR and how to obtain the trained employee's assistance in an emergency. (6) Written records of training in CPR shall be maintained at the child care center for three (3) years.

470 IAC 3-4.7-90 Universal precautions supplies (4) Cardiopulmonary resuscitation barrier masks.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **IC 12-17.2-5-18.2 Certifications required Sec. 18.2.** (a) At least one (1) adult individual who maintains current certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by the child care home shall be present at all times when a child is in the care of a child care home. Certifications accepted under this subsection must include a live return demonstration of skills. (b) An individual who: (1) is employed; or (2) volunteers;

470 IAC 3-1.1-33.5 Staff orientation, training, and development (d) At least one (1) direct child care provider shall be trained in pediatric cardiopulmonary resuscitation training and shall be on the premises at all times.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **IC 12-17.2-5-18.2 Certifications required Sec. 18.2.** (a) At least one (1) adult individual who maintains current certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by the child care home shall be present at all times when a child is in the care of a child care home. Certifications accepted under this subsection must include a live return demonstration of skills. (b) An individual who: (1) is employed; or (2) volunteers;

470 IAC 3-1.1-33.5 Staff orientation, training, and development (d) At least one (1) direct child care provider shall be trained in pediatric cardiopulmonary resuscitation training and shall be on the premises at all times.

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **IC 12-17.2-3-5-8 Caregiver requirements;** (a) At least one (1) adult individual who maintains current certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by a provider shall be present at all times when a child is in the care of the provider.

In the interpretive guide that all programs have access to on the website describes the intent. To ensure that at least one (1) qualified staff person in the position of caregiver, teacher, household member or volunteer who is actively working with children is present with valid CPR certification, Pediatric CPR, is on site at all times. Pediatric first aid is required for every staff person

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **IC 12-17.2-3.5-8 Caregiver requirements; (a) At least one (1) adult individual who maintains current certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by a provider shall be present at all times when a child is in the care of the provider.**

In the interpretive guide that all programs have access to on the website describes the intent. To ensure that at least one (1) qualified staff person in the position of caregiver, teacher, household member or volunteer who is actively working with children is present with valid CPR certification, Pediatric CPR, is on site at all times. Pediatric first aid is required for every staff person

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **IC 12-17.2-3.5-8 Caregiver requirements; (a) At least one (1) adult individual who maintains current certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by a provider shall be present at all times when a child is in the care of the provider.**

In the interpretive guide that all programs have access to on the website describes the intent. To ensure that at least one (1) qualified staff person in the position of caregiver, teacher, household member or volunteer who is actively working with children is present with valid CPR certification, Pediatric CPR, is on site at all times. Pediatric first aid is required for every staff person

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **IC 12-17.2-3.5-8 Caregiver requirements; (a) At least one (1) adult individual who maintains current certification in a course of cardiopulmonary resuscitation applicable to all age groups of children cared for by a provider shall be present at all times when a child is in the care of the provider.**

In the interpretive guide that all programs have access to on the website describes the intent. To ensure that at least one (1) qualified staff person in the position of caregiver, teacher, household member or volunteer who is actively working with children is present with valid CPR certification, Pediatric CPR, is on site at all times. Pediatric first aid is required for every staff person

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **470 IAC 3-4.7-12 Reporting requirements; serious occurrences Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 12.** (a) The center shall verbally report immediately to the affected child's parent and to the division any serious occurrences involving any child. These occurrences include, but are not limited to, the following: (1) Serious injury requiring hospitalization. (2) Death. (3) Arrest of child care personnel. (4) Alleged abuse or neglect by child care center personnel. (5) Fire or natural disaster at the child care center. (6) Any noxious gas leak. (7) A lack of electrical power, water, or sewer. (8) Unsatisfactory water sample. (b) Child care center authorities shall confirm verbal reports to the division, in writing, within five (5) days of the occurrence unless otherwise directed by the division.

ii. ***All caregivers are required to take annual child abuse and neglect training which includes identifying abuse and neglect.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **470 IAC 3-1.1-33.5 Staff orientation, training, and development Sec. 33.5.** (a) Direct child care providers, including volunteers, shall receive training in fire prevention and safety procedures within one (1) week of starting employment or volunteer work. (b) Direct child care providers, including volunteers, shall receive training in the following within thirty (30) days of starting employment or volunteer work: (3) Procedures for preventing, detecting, and reporting suspected child abuse and neglect. **IC 12-17.2-5-37 Investigation of abuse or neglect; child care home Sec. 37.** (a) The department of child services shall conduct an investigation of a claim of abuse or neglect at a child care home. (b) After an investigation under subsection (a), the department of child services shall make a determination of whether or not abuse or neglect occurred at the child care home. (c) If the department of child services makes a determination under IC 31-33-8-12 that abuse or neglect at the child care home is substantiated, the department shall send a copy of its report to the appropriate licensing office at the division.

***All caregivers are required to take annual child abuse and neglect training with includes identifying abuse and neglect.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **470 IAC 3-1.1-33.5 Staff orientation, training, and development Sec. 33.5.** (a) Direct child care providers, including volunteers, shall receive training in fire prevention and safety procedures within one (1) week of starting employment or volunteer work. (b) Direct child care providers, including volunteers, shall receive training in the following within thirty (30) days of starting employment or volunteer work: (3) Procedures for preventing, detecting, and reporting suspected child abuse and neglect. **IC 12-17.2-5-37 Investigation of abuse or neglect; child care home Sec. 37.** (a) The department of child services shall conduct an investigation of a claim of abuse or neglect at a child care home. (b) After an investigation under subsection (a), the department of child services shall make a determination of whether or not abuse or neglect occurred at the child care home. (c) If the department of child services makes a determination under IC 31-33-8-12 that abuse or neglect at the child care home is substantiated, the department shall send a copy of its report to the appropriate licensing office at the division.

***All caregivers are required to take annual child abuse and neglect training with includes identifying abuse and neglect.**

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **IC 12-17.2-3.5-8.5 Child abuse or neglect reporting Sec. 8.5. (a) A provider shall provide to all employees and volunteers of the provider the written material prepared and made available by the division under subsection (c). (b) 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. (c) The division shall do the following: (1) Prepare written material specifying the following: (A) The duty to report known or suspected child abuse or neglect under IC 31-33-5. (B) That knowing failure to make a report required by: (i) IC 31-33-5-1; (ii) IC 31-33-5-2; or (iii) IC 31-33-5-2.5; is a Class B misdemeanor under IC 31-33-22- 1. (2) Make the written material under subdivision (1) available to providers. vii.**

***All caregivers are required to take annual child abuse and neglect training with includes identifying abuse and neglect.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **IC 12-17.2-3.5-8.5 Child abuse or neglect reporting Sec. 8.5. (a) A provider shall provide to all employees and volunteers of the provider the written material prepared and made available by the division under subsection (c). (b) 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. (c) The division shall do the following: (1) Prepare written material specifying the following: (A) The duty to report known or suspected child abuse or neglect under IC 31-33-5. (B) That knowing failure to make a report required by: (i) IC 31-33-5-1; (ii) IC 31-33-5-2; or (iii) IC 31-33-5-2.5; is a Class B misdemeanor under IC 31-33-22- 1. (2) Make the written material under subdivision (1) available to providers. vii.**

***All caregivers are required to take annual child abuse and neglect training with includes identifying abuse and neglect.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **IC 12-17.2-3.5-8.5 Child abuse or neglect reporting Sec. 8.5. (a) A provider shall provide to all employees and volunteers of the provider the written material prepared and made available by the division under subsection (c). (b) 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. (c) The division shall do the following: (1) Prepare written material specifying the following: (A) The duty to report known or suspected child abuse or neglect under IC 31-33-5. (B) That knowing failure to make a report required by: (i) IC 31-33-5-1; (ii) IC 31-33-5-2; or (iii) IC 31-33-5-2.5; is a Class B misdemeanor under IC 31-33-22- 1. (2) Make the written material under subdivision (1) available to providers. vii.**

***All caregivers are required to take annual child abuse and neglect training with includes identifying abuse and neglect.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **IC 12-17.2-3.5-8.5 Child abuse or neglect reporting Sec. 8.5. (a) A provider shall provide to all employees and volunteers of the provider the written material prepared and made available by the division under subsection (c). (b) 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. (c) The division shall do the following: (1) Prepare written material specifying the following: (A) The duty to report known or suspected child abuse or neglect under IC 31-33-5. (B) That knowing failure to make a report required by: (i) IC 31-33-5-1; (ii) IC 31-33-5-2; or (iii) IC 31-33-5-2.5; is a Class B misdemeanor under IC 31-33-22- 1. (2) Make the written material under subdivision (1) available to providers.** vii.

***All caregivers are required to take annual child abuse and neglect training with includes identifying abuse and neglect.**

b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **470 IAC 3-4.7-13 Reporting child abuse or neglect Authority: IC 12- 13-5-3 Affected: IC 12-17.2-4 Sec. 13. (a) The center shall at all times maintain the confidentiality of all information obtained regarding the suspected abuse or neglect of a child. (b) During the first two (2) weeks of employment, all staff shall receive documented training in recognizing and reporting child abuse and neglect. The director shall update this training annually. (c) A center shall not employ or utilize the services of a person known by the division and reported to the center as a substantiated perpetrator of child abuse or neglect. (d) The center shall develop written guidelines for reporting suspected child abuse or neglect and include in staff training. (e) The director and all staff shall refrain from questioning children and suspected perpetrators beyond gathering information to report the suspected abuse or neglect to child protective services. (f) Staff shall immediately report suspected child abuse or neglect as follows: (1) If the alleged abuse or neglect occurred while the child was under the care of the child care center or the center receives a complaint from anyone regarding possible abuse or neglect of a child by a staff member, they or the director must immediately call the institutional abuse hotline or a law enforcement agency and self-report the suspected abuse or neglect. Indiana Administrative Code Page 44 CHILD WELFARE SERVICES The statewide institutional abuse phone number is 1-800-562-2407. (2) If the alleged abuse or neglect occurred while the child was not under the care of the child care center, staff shall immediately report suspected abuse or neglect to the county child protective services. The statewide phone number is 1-800- 800-5556. (g) Reporting suspicions to the director or other supervisory personnel does not relieve the individual staff of their responsibility to report directly to child protective services.**

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **470 IAC 3-1.1-35 Reporting abuse, injury, illness, death, or emergency event Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 35. (a) The caregiver shall report immediately suspected physical abuse, sexual abuse, child neglect, or child exploitation as required by IC 31-6-11-3**
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **470 IAC 3-1.1-35 Reporting abuse, injury, illness, death, or emergency event Authority: IC 12-13-5-3 Affected: IC 12-17.2 Sec. 35. (a) The caregiver shall report immediately suspected physical abuse, sexual abuse, child neglect, or child exploitation as required by IC 31-6-11-3**
 - [] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **IC 12-17.2-3.5-8 Caregiver requirements; education; documentation (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**
IC 12-17.2-3.5-8.5 Child abuse or neglect reporting Sec. 8.5. (a) A provider shall provide to all employees and volunteers of the provider the written material prepared and made available by the division under subsection (c). (b) 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. (c) The division shall do the following: (1) Prepare written material specifying the following: (A) The duty to report known or suspected child abuse or neglect under IC 31-33-5. (B) That knowing failure to make a report required by: (i) IC 31-33-5-1; (ii) IC 31-33-5-2; or (iii) IC 31-33-5-2.5; is a Class B misdemeanor under IC 31-33-22-1. (2) Make the written material under subdivision (1) available to providers.
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **IC 12-17.2-3.5-8 Caregiver requirements; education; documentation (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**
IC 12-17.2-3.5-8.5 Child abuse or neglect reporting Sec. 8.5. (a) A provider shall provide to all employees and volunteers of the provider the written material prepared and made available by the division under subsection (c). (b) 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. (c) The division shall do the following: (1) Prepare written material specifying the following: (A) The duty to report known or suspected child abuse or neglect under IC 31-33-5. (B) That knowing failure to make a report required by: (i) IC 31-33-5-1; (ii) IC 31-33-5-2; or (iii) IC 31-33-5-2.5; is a Class B misdemeanor under IC 31-33-22-1. (2) Make the written material under subdivision (1) available to providers.
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **IC 12-17.2-3.5-8 Caregiver requirements; education; documentation (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

IC 12-17.2-3.5-8.5 Child abuse or neglect reporting Sec. 8.5. (a) A provider shall provide to all employees and volunteers of the provider the written material prepared and made available by the division under subsection (c). (b) 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. (c) The division shall do the following: (1) Prepare written material specifying the following: (A) The duty to report known or suspected child abuse or neglect under IC 31-33-5. (B) That knowing failure to make a report required by: (i) IC 31-33-5-1; (ii) IC 31-33-5-2; or (iii) IC 31-33-5-2.5; is a Class B misdemeanor under IC 31-33-22-1. (2) Make the written material under subdivision (1) available to providers.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **IC 12-17.2-3.5-8 Caregiver requirements; education; documentation (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**

IC 12-17.2-3.5-8.5 Child abuse or neglect reporting Sec. 8.5. (a) A provider shall provide to all employees and volunteers of the provider the written material prepared and made available by the division under subsection (c). (b) 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. (c) The division shall do the following: (1) Prepare written material specifying the following: (A) The duty to report known or suspected child abuse or neglect under IC 31-33-5. (B) That knowing failure to make a report required by: (i) IC 31-33-5-1; (ii) IC 31-33-5-2; or (iii) IC 31-33-5-2.5; is a Class B misdemeanor under IC 31-33-22-1. (2) Make the written material under subdivision (1) available to providers.

c. Confirm if child care providers must comply with the [Lead Agency's](#) procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

Yes, confirmed.

No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

Yes.

No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe: **All program types are required to offer timely and nutritious meals.**
- ii. Access to physical activity. Describe: **All provider types are required to offer physical activity including outdoor play.**
- iii. Caring for children with special needs. Describe: **Providers may not exclude children for special needs only.**
- iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **N/A**

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	[x]	[x]	[x]
b. SIDS prevention and use of safe sleep practices	[x]	[x]	[x]
c. Administration of medication	[x]	[x]	[x]

d. Prevention and response to food and allergic reactions	[x]	[x]	[x]
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	[x]	[x]	[x]
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	[x]	[x]	[x]
g. Emergency preparedness and response planning and procedures	[x]	[x]	[x]
h. Handling and storage of hazardous materials and disposal of biocontaminants	[x]	[x]	[x]
i. Appropriate Precautions in transporting children, if applicable	[x]	[x]	[x]
j. Pediatric first aid and pediatric CPR (age-appropriate)	[x]	[x]	[x]
k. Child abuse and neglect recognition and reporting	[x]	[x]	[x]
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	[x]	[x]	[x]

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **The agency does certify implementation of all health and safety pre-service/training requirements for all caregivers who care for children in CCDF eligible programs.**

All health and safety requirements are covered in the health and safety modules provided by the state through Indiana Learning Paths. Indiana previously allowed providers to take alternative trainings to the state provided trainings, however substitutions for the state provided trainings will not be accepted after 10/1/24 to ensure compliance with OCC.

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

No

Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

Yes.

No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **Licensing consultants have a standardized checklist which contains requirements for health, safety and fire standards. Consultants also have the ability to cite for items observed that are not on their checklist and those health and safety violations may require a secondary follow-up inspection. Complaint inspections are also conducted.**

No. If no, describe:

iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **The lead agency's child care licensing staff are responsible for conducting prelicensure inspections and unannounced inspections.**

b. Licensed CCDF family child care providers

- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?
 Yes.
 No. If no, describe:
- ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:
 Annually.
 More than once a year. If more than once a year, describe:
 Other. If other, describe:
- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?
 Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **Consultants have a standardized checklist which contains 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 and those may require a secondary follow-up inspection. Complaints are also monitored.**
 No. If no, describe:
- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **The lead agency's child care licensing staff are responsible for conducting prelicensure inspections and unannounced inspections.**

c. Licensed in-home CCDF child care providers

- i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?
 No.
 Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?
 Yes.
 No. If no, describe:
- ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:
 Annually.
 More than once a year. If more than once a year, describe:
 Other. If other, describe:

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **Consultants have a standardized checklist which contains 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 and those may require a secondary follow-up inspection. Complaints are also monitored.**

[] No.

iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **The lead agency's child care licensing staff are responsible for conducting prelicensure inspections and unannounced inspections.**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

a. License-exempt CCDF center-based child care providers

i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

[x] Annually.

[] More than once a year. If more than once a year, describe:

[] Other. If other, describe:

ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **Consultants have a standardized checklist which contains 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 and those may require a secondary follow-up inspection. Complaints are also monitored.**

[] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **The lead agency's child care licensing staff are responsible for conducting prelicensure exempt inspections and unannounced inspections.**

b. License-exempt CCDF family child care providers

- i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:
 Annually.
 More than once a year. If more than once a year, describe:
 Other. If other, describe:
- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?
 Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **Consultants have a standardized checklist which contains 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.**
 No.
- iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **The lead agency's child care licensing staff are responsible for conducting prelicensure exempt inspections and unannounced inspections.**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, 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 contains 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 and those may require a secondary follow-up inspection. Complaints are also monitored.**
- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **The agency responsible for inspections is the Office of Early Childhood & Out of School Learning (OECOSL) a division of The Family & Social Services Administration.**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. 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 Lead Agency does not

produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency 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 monitoring and inspection reports.

- a. Does the Lead Agency post:
 - i. Pre-licensing inspection reports for licensed programs.
 - ii. Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
 - iii. Monitoring and inspection 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) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted: **Indiana will be requesting a waiver for this item due to this being a data change that cannot be completed by 10/1/24. Additionally, Indiana is launching a new integrated system in September of 2025 and is unable to make major technical changes to our current system at this time.**
 - iv. Other. Describe:
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
 - i. Date of inspection.
 - ii. 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:
[\(https://www.in.gov/fssa/childcarefinder/\)](https://www.in.gov/fssa/childcarefinder/)
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:
 - iii. **Inspection type;**
 - iv. **Type of correction needed; indicating the non-compliance that was found with a brief description.**
 - v. **Regulation; provides the specific Indiana regulation that was found to be noncompliant.**
 - vi. **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.**
 - vii. **Date resolved; the date that the child care program resolved the issue and OECOSL verified that it was corrected.**

- viii. Provider response; any comments that the child care program would like to provide
 - ix. 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.
 - iii. [x] Corrective action plans taken by the Lead Agency 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: Inspection Type:
 - xiii. Type of correction needed; indicating the insufficiencies that was found with a brief description.
 - xiv. Regulation; provides the specific Indiana regulation that was found to be noncompliant.
 - xv. 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.
 - xvi. Date resolved; the date that the child care program resolved the issue and OECOSL verified that it was corrected.
 - xvii. Provider response; any comments that the child care program would like to provide
 - xviii. 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.
- iv. [x] A minimum of 3 years of results, where available.
- v. If any of the components above are not selected, please explain: N/A

c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

- i. Provide the direct URL/website link to where the reports are posted: <https://www.in.gov/fssa/childcarefinder/>
- ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: 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. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

Yes.

No. If no, describe:

e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

Yes.

No. If no, describe:

f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

Yes.

No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must 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.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and 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. **All licensing inspectors are to have BA preferred, BA in Early Childhood Education or related field. In Human Services, Education or experience. Previous experience working in Early Childhood or Out of School Time programs and a strong problem solving, oral and written communications**

The Lead Agency has policies developed for orientation of new inspectors that includes but is not limited to trainings in health and safety requirements, (Modules 1-4), 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 3-6-9 month training plan with a mandatory job shadowing, review of licensing laws/ rules and policies and training on technology. Licensing consultants are monitored regularly to ensure ongoing high quality, evidence-based monitoring and support services are provided. This onboarding and on-going training for inspectors and monitors includes training that is appropriate to the age of the children in care and the type of auspice setting that the inspectors are conducting inspections for.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide 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 semiannual monitoring visits, complaint inspections and other necessarily 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.**

Under the OECOSL LSU Policy 5.0 Caseload Adjustment and Review, 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. Providers are able to publicly see the distribution of the licensing inspectors' territories and case load areas on the maps that get updated as needed on the lead agency's website: <https://secure.in.gov/fssa/carefinder/become-a-child-care-provider/facilities-consultants/>

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: **An online training course with four modules has been developed to help providers meet the new health and safety training requirements. Providers are required to take these modules to meet the health and safety orientation training requirement. The free online course, Introduction to the Early Childhood and Out-of-School Learning Profession, is available 24/7 through training central. These modules are designed to meet nine of the 10 required topic areas and child development**

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.

b. License-exempt child care centers: An online training course with four modules has been developed to help providers meet the new health and safety training requirements. Providers are required to take these modules to meet the health and safety orientation training requirement. The free online course, Introduction to the Early Childhood and Out-of-School Learning Profession, is available 24/7 through training central. These modules are designed to meet nine of the 10 required topic areas and child development

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.

c. Licensed family child care homes: An online training course with four modules has been developed to help providers meet the new health and safety training requirements. Providers are required to take these modules to meet the health and safety orientation training requirement. The free online course, Introduction to the Early Childhood and Out-of-School Learning Profession, is available 24/7 through training central. These modules are designed to meet nine of the 10 required topic areas and child development

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.

d. License-exempt family child care homes: An online training course with four modules has been developed to help providers meet the new health and safety training requirements. Providers are required to take these modules to meet the health and safety orientation training requirement. The free online course, Introduction to the Early Childhood and Out-of-School Learning Profession, is available 24/7 through training central. These modules are designed to meet nine of the 10 required topic areas and child development

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.

e. Regulated or registered in-home child care: An online training course with four modules has been developed to help providers meet the new health and safety training requirements. Providers are required to take these modules to meet the health and safety orientation training requirement. The free online course, Introduction to the Early Childhood and Out-of-School Learning Profession, is available 24/7 through training central.

These modules are designed to meet nine of the 10 required topic areas and child development. 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.

f. Non-regulated or registered in-home child care: An online training course with four modules has been developed to help providers meet the new health and safety training

requirements. Providers are required to take these modules to meet the health and safety orientation training requirement. The free online course, **Introduction to the Early Childhood and Out-of-School Learning Profession**, is available 24/7 through training central.

These modules are designed to meet nine of the 10 required topic areas and child development. 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.

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only

name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
 Yes.
 No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.
- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
 Yes.
 No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.
- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?
 Yes.
 No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?
 Yes.
 No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.
- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?
 Yes.
 No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.
- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?
 Yes.
 No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

Yes.

No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

Yes.

No. If no, describe the disqualifying criteria:

b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

Yes.

No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: **The Lead agency uses the results from in-state abuse and neglect registry checks to disqualify a caregiver from employment in all types of childcare facilities. The provider is informed in writing that the caregiver is disqualified .The provider is given a deadline to state how they will be in compliance with laws regarding disqualified individuals . If the provider does not provide necessary documentation on compliance their license and CCDF participation can be revoked.**

d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: **The Lead agency uses the results from in-state abuse and neglect registry checks to disqualify a caregiver from employment in all types of childcare facilities. The provider is informed in writing that the caregiver is disqualified .The provider is given a deadline to state how they will be in compliance with laws regarding disqualified individuals . If the provider does not provide necessary documentation on compliance their license and CCDF participation can be revoked.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

Yes.

No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

Yes.

No. Describe:

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

Yes.

No. Describe:

iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

Yes.

No. Describe:

iv. Get completed in a timely manner.

Yes.

No. Describe:

v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

Yes.

No. Describe:

vi. Facilitate coordination between the Lead Agency and other agencies 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.

Yes.

No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

a. FBI criminal background check.

Yes.

No. If no, describe:

b. In-state criminal background check with fingerprints.

Yes.

No. If no, describe:

c. In-state Sex Offender Registry.

Yes.

No. If no, describe: **The Lead Agency only completes a Fingerprint and in-state criminal history check prior to a provisional status. The caregiver and provider are informed that the caregiver must be supervised at all times prior to the full qualification by an individual who has a qualification review in the previous three years.**

d. In-state child abuse and neglect registry.

Yes.

No. If no, describe: **The Lead Agency only completes a Fingerprint and in-state criminal history check prior to a provisional status. The caregiver and provider are informed that the caregiver must be supervised at all times prior to the full qualification by an individual who has a qualification review in the previous three years.**

e. Name-based national Sex Offender Registry (NCIC NSOR).

Yes.

No. If no, describe: **The Lead Agency only completes a Fingerprint and in-state criminal history check prior to a provisional status. The caregiver and provider are informed that the caregiver must be supervised at all times prior to the full qualification by an individual who has a qualification review in the previous three years.**

f. Interstate criminal background check, as applicable.

Yes.

No. If no, describe: **The Lead Agency only completes a Fingerprint and in-state criminal history check prior to a provisional status. The caregiver and provider are informed that the caregiver must be supervised at all times prior to the full qualification by an individual who has a qualification review in the previous three years.**

g. Interstate Sex Offender Registry check, as applicable.

Yes.

No. If no, describe: **The Lead Agency only completes a Fingerprint and in-state criminal history check prior to a provisional status. The caregiver and provider are informed that the caregiver must be supervised at all times prior to the full qualification by an individual who has a qualification review in the previous three years.**

h. Interstate child abuse and neglect registry check, as applicable.

Yes.

No. If no, describe: **The Lead Agency only completes a Fingerprint and in-state criminal history check prior to a provisional status. The caregiver and provider are informed that the caregiver must be supervised at all times prior to the full qualification by an individual who has a qualification review in the previous three years.**

i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting

results from the provisional hire's full comprehensive background check?

Yes.

No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

Yes.

No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

Yes.

No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

Yes.

No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **The Lead Agency processes all 3 checks and provides a response letter providing the qualified or disqualified status of the caregiver based on federal guidelines. . A status of disqualified is based on federal regulations. The disqualified status will only state a disqualification with no further details to ensure confidentiality of the caregiver.**

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

Yes. If yes, describe the current policy.

No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive

background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: <https://www.in.gov/fssa/carefinder/background-check-requirements/>

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

b. Interstate criminal background check:

- i. Agency name
- ii. Address
- iii. Phone number
- iv. Email
- v. Website
- vi. Instructions
- vii. Forms
- viii. Fees
- ix. Is the State a National Fingerprint File (NFF) State?
- x. Is the State a National Crime Prevention and Privacy Compact State?
- xi. If not all boxes above are checked, describe: **N/A**

c. Interstate sex offender registry (SOR) check:

- i. Agency name
- ii. Address
- iii. Phone number
- iv. Email
- v. Website
- vi. Instructions
- vii. Forms
- viii. Fees
- ix. If not all boxes above are checked, describe: **N/A**

d. 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. Website
- vii. Instructions
- viii. Forms
- ix. Fees
- x. If not all boxes above are checked, describe: **N/A**

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

Yes.

No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

Yes.

No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

No.

Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs

and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
 - i. Providing program-level grants to support investments in staff compensation.
 - ii. Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
 - iii. Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. Subsidizing family child care provider and center-based child care staff retirement benefits.
 - v. Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
 - vi. Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
 - vii. Providing scholarships or tuition support for center-based child care staff and family child care providers.
 - viii. Other. Describe: **The lead agency provides access to an Employee Assistance Program(EAP) to all childcare staff. The lead agency also provides CCDF and OMW Pre-K vouchers to eligible child care staff.**
- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the

compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **The Lead Agency currently funds the T.E.A.C.H. (Teacher Education and Compensation Helps) scholarship program. Throughout the scholarship program, there are opportunities for recipients to receive bonuses and release time for completing coursework.** Additionally, sponsoring programs agree to increase wages as recipients make progress towards their degree or complete credentials. The lead agency is also working with the Early Learning Advisory Council on a child care compensation study to provide actionable recommendations.

- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **The Lead Agency offers access to business support coaches through its technical assistance vendor to assist providers in understanding how best to operate their child care businesses.**
- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **The Build, Learn, Grow Building Wellness program is a shared employee assistance program for Indiana's early care and education system sponsored by the Lead Agency and operated by ComPsych®.** BLG offers free short-term counseling, legal and financial consultation, work-life assistance and crisis intervention services to early care and out-of-school time providers, their employees, volunteers and the household family members or dependents of all eligible individuals. Currently, this program is funded through 9/30/25. Additionally, the technical assistance vendor currently has 5 Mental Health and Wellness Coaches that can support programs and providers in their efforts to improve the mental health and wellness of their staff and review policies that might impact the wellbeing of employees. Child Care workers may also receive a referral to free or low cost services in their community through the Find Help platform. These referrals can be accessed by self-serving and completing an online search or utilizing the Family Resource Navigators through the Child Care Resource and Referral Network to complete a search on the individual's behalf.
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **The Lead Agency supports workforce coordinators that can provide training on Taking on Turnover and Model Work Standards through group learning opportunities and onsite intensive support.** There are also 5 career coaches who can work with current or perspective child care staff on understanding what opportunities may be available and the professional development required to pursue them. This includes working with career and technical education programs at high schools throughout the state. The Lead Agency also provides support for career and technical education students to obtain their CDA Credential through the T.E.A.C.H. scholarship. Lastly, the Lead Agency, in partnership with the Indiana Department of Education, has launched a statewide job board through Nimble. Nimble provides a user-friendly and data-driven recruitment tools to child care providers across the state. All Indiana child care providers can post their open positions to the enhanced statewide job board at no cost. Those who are also leveraging Nimble's applicant tracking system have the added benefit of vacancies automatically posting to the statewide job board. This strategic investment by the state of Indiana is the first step in a larger systemic shift to build capacity at the state and local levels to staff with high-quality talent. This platform also allows OECOSL insight into vacant positions and other

hiring challenges.

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices.
Indiana's technical assistance vendor currently has a wide variety of business supports for child care providers. Providers have the opportunity to receive coaching from 5 business coaches through on-site intensive coaching, cohort learning opportunities, or accessing evergreen resources on business topics through My Spark Learning Lab. The Learning Lab also leverages the All Our Kin Business Practices training for family child care providers and the Strengthening Business Practices curriculum. Providers also have the ability to schedule 30-minute consultations as needed through Civitas Early Learning. In addition, the state of Indiana launched a technology deployment initiative, Tech Connect. This initiative will support programs in accessing hardware and software needed to streamline business practices. This includes laptops, tablets, Microsoft suite products, and other resources. Along with these resources, the technical assistance vendor will offer training on technology literacy. The lead agency also offered 2 year subscriptions to a choice of 3 CCMS vendors with targeted trainings and supports for providers. The Lead Agency also supported the creation of a variety of online resources for both emerging providers and those currently operating child care programs to better their business management skills. The Marketing Best Practices guide and the Emerging Provider experience have a variety of resources around business and administrative supports, both of these resources are also available in Spanish via the Brighter Futures website.
- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative 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.
 - ix. Use of technology in business administration.
 - x. Compliance with employment and labor laws.
 - xi. Other. Describe any other efforts to strengthen providers' administrative business: **The lead agency has partnered with the technical assistance vendor to offer business coaching. This is available through group cohort opportunities, one on one supports from a business coach, and connections to Civitas. The lead agency is also currently funding CCMS subscriptions for child care providers. These subscriptions were available to all regulated programs in Indiana for free for the first 2 years and include targeted coaching and supports to ensure they are**

utilizing the benefits of a CCMS to the full extent.

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **The Lead Agency is housed in the Family and Social Services Administration which also contains the Office of Healthy Opportunities (OHO). Through a partnership with OHO, all lead agency staff have access to translation services that provide opportunities to engage in the native language of the provider. Additionally, the OECOSL works with vendors to provide materials and training in both English and Spanish when possible as Spanish is the 2nd most common language for child care providers in the state of Indiana.**
- b. Providers and staff who have disabilities: **Through the relationship with OHO, the lead agency has ensured that its website is 401 compliant. Providers and staff can also request accommodation for information through the state's website.**

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted:

No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

Yes. If yes, identify the other key groups: **Both the 2015 and 2021 revisions to the Core Knowledge and Competencies (CKCs) included a cross-sector group of partners and was facilitated by the Indiana Association for the Education of Young Children. This included, but was not limited to higher education, direct service providers, Child Care Resource and Referral agencies, community organizations, the technical assistance vendor, state/territory staff and, the Indiana Afterschool Network.**

[] No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:
 - i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **The Indiana Core Knowledge and Competencies (CKC) addresses the knowledge and skills needed for teachers, administrators, technical assistance providers and those providing professional development. There is also a TA framework that guides coaches, specialists and assessors in how to work with educators.**
 - ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **Indiana has a Career Pathway Guide for the early childhood and school age child care professionals. This Guide 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. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **The Early Learning Advisory Council (ELAC) includes members of institutions of higher education who are able to provide information and insight into needs as it relates to the required skills and competencies for those entering the field of education.**
 - iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **Indiana currently has fifty-four (54) institutions of higher education offering a total of seventy-nine (79) early childhood degree programs. Among these are twenty-three (23) associate degrees, forty-seven (47) bachelor degrees, three (3) 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. The Indiana Commission of Higher Education implements the Transfer Single Articulation Pathways (TSAP). Students can follow a single articulation pathway from an Indiana 2- year public college to a corresponding degree at a four-year institution without loss of credit. Early Childhood Education is one of the majors that use the TSAP plan. All associate degree programs and 93% of bachelor's degree programs report that the associate degree articulate into a teacher education bachelor's degree. 60% of associate degree programs and 27% of bachelor's 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's 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's degree at no additional cost to the student.

- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **The Indiana Child Care Workforce Study is conducted every 5 years. 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%.

ELAC will also be completing a compensation study of the ECE workforce in 2024 and will provide actionable recommendations.

vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **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 (NF) 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 a 90% completion/success rate. The NF CDA Project supports the Governors Next Level Jobs. Lastly, in 2024, Early Childhood Education was added to the list of eligible credentials for the Workforce Ready Grant. Perspective child care professionals can obtain their CDA through this program.**

b. Does the Lead Agency use additional elements?

Yes.

If yes, describe the element(s). Check all that apply.

- i. Continuing education unit trainings and credit-bearing professional development. Describe:
- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe:
- iii. Other. Describe:

No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the range of providers across role, child care setting, or age of children served? **The CKC's address standards for a variety of roles in the ECE profession, including those that provide Technical Assistance to child care programs. The technical assistance vendor has also developed a wide range of trainings around the CKCs to promote professional development across roles, auspice and ages served.**
- b. Career pathways. For example, has the Lead Agency developed a wage ladder that

provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **Through the Lead Agency's partnership with INEAYC and the TEACH program, educators are eligible for higher wages and bonuses as they move towards and complete their higher education goals. During this plan period, the lead agency also anticipates revising the current career pathways**

- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **In 2024, ELAC will complete a compensation study with recommendations. This study will be comprehensive of all of Indiana's early care and education landscape, including Out-of-School time providers. ELAC also created a Workforce Subcommittee that is reviewing and providing recommendations for workforce systems. In addition, Indiana AEYC facilitates the Indiana Higher Education forum which also provides strategic direction to the OECOSL on workforce preparation and higher education topics and Indiana was awarded a Preschool Development grant to evaluate and provide recommendations on compensation.**
- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **Indiana AEYC facilitates the Indiana Higher Education forum which also provides strategic direction to the OECOSL on workforce preparation and higher education topics. Goals for the Indiana Higher Education Forum include: 1) Increasing overall coordination and collaboration of the two-year and four-year, public and private Higher Education Institutions. 2) Increasing the number of articulation agreements among Indiana's higher education institutions. The Higher Education Forum is also tasked with updating the Indiana Higher Education Inventory, and the review, evaluation, and development of early childhood certificates, credentials, and degrees.**
- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **The Lead Agency has an approved alternative rate methodology for setting reimbursement rates. The data collected to determine these rates includes compensation and benefit data. This same data collection will be used to support ELAC's work on the compensation study and the recommendations that result from the analysis.**
- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or

stipends directly to workers? **The Lead Agency currently funds the T.E.A.C.H. (Teacher Education and Compensation Helps) scholarship program. Throughout the scholarship program, there are opportunities for recipients to receive bonuses and release time for completing coursework. Additionally, sponsoring programs agree to increase wages as recipients make progress towards their degree or complete credentials.**

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **12 hours**
- b. License-exempt child care centers: **12 hours**
- c. Licensed family child care homes: **12 hours**
- d. License-exempt family child care homes: **12 hours**
- e. Regulated or registered in-home child care: **12 hours**
- f. Non-regulated or registered in-home child care: **12 hours**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **The Lead Agency's training and technical assistance vendor is available to offer trainings to any provider within Indiana. Providers are also able to create an online account to access the state's Learning Management System, Indiana Learning Paths, where they can access a wide variety of training topics in a variety of modalities.**

6.3.3 Professional development appropriate for the children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the range of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **There are a wide range of training topics available through SPARK Learning Lab, including caring for infants, children with developmental delays, and other topics. Many trainings are also offered in Spanish. The Lead Agency also partners with the Indiana Afterschool Network to deliver trainings on topics related to school-age children.**

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who

receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **The Lead Agency has partnered to offer trainings to providers on ASQ, Learn the Signs: Act Early and other screening tools. First Steps, Indiana's Early Intervention program, is also housed within FSSA and works closely with the Lead Agency to ensure providers and families are aware of their resources and how to access them**

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:
 - i. Research-based.
 - ii. Developmentally appropriate.
 - iii. Culturally and linguistically appropriate.
 - iv. Aligned with kindergarten entry.
 - v. Appropriate for all children from birth to kindergarten entry.
 - vi. Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
 - i. Cognition, including language arts and mathematics.
 - ii. Social development.
 - iii. Emotional development.
 - iv. Physical development.
 - v. Approaches toward learning.
 - vi. Other optional domains. Describe any optional domains: **Social studies and creative arts.**

vii. If any components above are not checked, describe:

c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **Indiana's Early Learning Standards were updated and approved by the Indiana State Board of Education to align with the 2020 Indiana Academic Standards.**

d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. <https://www.in.gov/doe/students/indiana-academic-standards/early-learning/>

6.4.2 Use of early learning and developmental guidelines

a. Describe how the Lead Agency uses its early learning and developmental guidelines. **The Early Learning Standards include the following content areas: English/language arts, mathematics, student well-being, 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 early learning standards 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 early learning standards 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.**

b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:

- i. Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
- ii. Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
- iii. Will be used as the primary or sole method for assessing program effectiveness.
- iv. Will be used to deny children eligibility to participate in CCDF.
- v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide 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.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a range of parents and providers were consulted, and how their views are incorporated:
The Lead Agency, through a partnership with Purdue University, distributes an annual family and community needs assessment survey. The survey is sent via email and text message to all families receiving CCDF as well as any additional families that the Child Care Resource and Referral Network (CCRR) has provided services to in the previous year. The Lead Agency requires that the technical assistance vendor, in collaboration with the Child Care Resource and Referral Network, complete a professional development needs assessment annually. This survey is emailed to all child care providers in the state and is available in both English and Spanish. This survey includes questions related to the implementation and delivery of technical assistance such as desired topics, modalities, and scheduling preferences. In the last several years, there have also been questions related to attitudes towards early childhood mental health and suspension and expulsion.
- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified:
The data is used to drive technical assistance, professional development, and child care resource and referral services and our recently launched early childhood mental health consultation. In 2023, the professional development survey received 1,319 responses. Of that, sixty-five percent have over 10 years of experience in the ECE or OST field. Thirty-seven percent of those that responded provide care as a licensed family child care provider and fifty-seven percent participate in Indiana's QRIS system at a level 3 or 4. Based on the results of this assessment, the lead agency will work with the technical assistance vendor and others providing training and technical assistance to ensure that the most requested resources continue to be offered. The assessment also indicated that Indiana Learning Paths (ILP), our current LMS system, is the most used platform for receiving trainings. Based on this, the lead agency will prioritize adding and

updating trainings to ILP in the coming plan period

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF 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. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The lead agency will post the reports on their website, found <https://www.in.gov/fssa/carefinder/statistics-and-reports/>.**
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.
 - i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Lead Agency currently provides training and technical assistance through Spark Learning Lab on topics aligned to Indiana’s Core Knowledge and Competencies. Trainings are available in a web-based format, in person, as well as offering sessions in Spanish. The T.E.A.C.H. Scholarship also provides support for obtaining credentials and degrees such as the CDA, associate’s, bachelor’s and master’s degrees. The Lead Agency also supports training and technical assistance for child care providers on a variety of topics through Spark Learning Lab. The Lead Agency also offers trainings through workforce coordinators at Indiana Association for the Education of Young Children, focused on career coaching and staff retention.**
 - ii. Developing, maintaining, or implementing early learning and developmental guidelines.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **While the Indiana Department of Education maintains the early learning standards, the Lead Agency provides support via trainings offered through SPARK Learning Lab to community based programs in understanding and implementing these standards. Additionally, The Lead Agency utilizes these standards to help support family engagement and kindergarten readiness.**
 - iii. Developing, implementing, or enhancing a quality improvement system.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Lead Agency currently has a building block quality rating and improvement system with 4 levels, Paths to QUALITY™. This QRIS is voluntary and programs are able to decide when they advance levels. Level 1 includes basic health and safety, level 2 includes learning environments, level 3 includes curriculum and level 4 is National Accreditation. In December of 2023, the Early Learning Advisory Committee provided recommendations for a new Quality Rating and Improvement System. OECOSL plans to revise our current system in this plan period.**

iv. Improving the supply and quality of child care services for infants and toddlers.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Lead Agency provides support for the supply and quality of infant toddler care through various mechanisms. Significant training and professional development is offered on infant and toddler care including topics including (but not limited to) relationship-based caregiving, safe sleep, and environments for infants and toddlers. Through the Child Care Resource and Referral Network, the Lead Agency has established Staffed Family Child Care Networks as another mechanism to support supply and quality of infant and toddler care. The lead agency also partners with INFancy Onward to offer Infant Mental Health Endorsement and other training opportunities to support the infant and toddler workforce.**

v. Establishing or expanding a statewide system of CCR&R services.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Lead Agency plans to continue support of Child Care Resource and Referral (CCR&R) services during this plan period. These services include support of families through child care referrals and individualized 2 Generational supports, as well as connecting families with CCDF and ensuring they are able to complete the application process and locate child care. Child care referrals are available to all families including those that have been identified by the lead agency as being eligible for enhanced referral services. Families are offered support through consumer education including paying for child care, identifying a safe, high quality option for child care, and transitioning to a group care environment. Child care providers are supported by the CCR&R broadly through navigation of the State's many resources. Each CCR&R offers at a minimum 2 Provider Resource Fairs where all providers are able to meet with state and local organizations that provide free or low-cost offerings to child care providers. More tailored support is offered to family child care providers through a series of staffed family child care networks that span the state as well as other small group convenings for all auspice types. Finally, Indiana's CCR&Rs support their communities through local outreach with individuals and groups that lead decision making. The CCR&R provides local level data and education on child care supply, access and quality.**

vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Lead Agency plans to continue supporting the licensing, monitoring, inspection and health and safety standards during this plan period. Currently, there are 43 licensing staff. The Lead Agency has also created a team to help support those navigating the licensing process which includes Emerging Provider Specialists. As a part of the work to support pre-licensure, consultants have begun offering Orientation trainings via live webinar to those interested in opening a child care business. This allows participants to ask questions and get direct support during the training, which is a requirement of becoming licensed. The Lead Agency will continue its review of licensing regulations with the hopes of making recommendations for updates by the end of this period. The Lead Agency also supports training on health and safety topics through four asynchronous modules that are housed on the states learning management system. These modules are also available in Spanish.**

vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Lead Agency currently provides funding to the Child Care Resource and Referral Central Office to facilitate quality rating and improvement system visits. Additionally, Indiana has a self-assessment tool, the Program Growth Tool, which providers can use to identify areas of growth and engage in technical assistance. 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. Based on recommendations from the Early Learning Advisory Council in December 2023, the lead agency anticipates making changes to the way quality is assessed during this plan period.**

viii. Accreditation support.

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Lead Agency currently provides support for accreditation through the Indiana Accreditation Project. This initiative offers scholarships for initial accreditation and renewals for programs that are regulated by the Lead Agency. Accreditation support is limited to approved accrediting bodies. In addition, the technical assistance vendor offers group coaching and cohort learning opportunities for programs working through accreditation.**

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

No plans to spend in this category of activities at this time.

Yes. If yes, describe current and future investments. **The Lead Agency is currently supporting the training and use of the Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire Social Emotional (ASQ-SE). Both of these tools allow child care providers to use an evidence based developmental**

screener that is valid and reliable. This is also a tool that can be used to help families understand their child's development and promote family engagement. Several partners are also utilizing GO NAPSACC tools and resources to support the implementation of healthy eating and physical activity habits in young children. These tools and resources include topics such as Farm to ECE, oral health, child nutrition, and screen time. These resources have been embedded into our technical assistance universal supports as well as the Indiana Non-Formal CDA Project Curriculum.

- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.
 - [] No plans to spend in this category of activities at this time.
 - [x] Yes. If yes, describe current and future investments. **The Lead Agency oversees the On My Way Pre-K Program This program is aimed at preparing children from low income households for successful entry into kindergarten.**

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies 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.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results

of the coordination: **The Director of the Lead Agency and the IHSSCO director are appointed members of the Indiana Early Learning Advisory Council (ELAC). The ELAC has created policy recommendations across all aspects of early learning. The Lead Agency staffs the ELAC through the Early Learning Advisory Committee Director. Goals for this coordination over the next three years include activities related to the 2023 ELAC Annual Report which can be found at <http://www.elacindiana.org/data/annual-reports/> Priorities of the ELAC include improving learning and kindergarten readiness, increasing the supply and sustainability of high quality providers, increasing the affordability for families (particularly vulnerable families), and improving and increasing system capacity. Results include expansion of income eligibility to facilitate access to high-quality early learning services and enable workforce participation.**

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **The Lead Agency consults with a representative from the Pokagon Band of Potawatomi Indians on the development of the State Plan and has shared the Market Rate Study for purpose of setting rates.**
 - [] Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.
- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **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. The Lead Agency also coordinates with agencies implementing early intervention services on training and professional development including but not limited to the pyramid model.
- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **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. The goals of joint training and increased QRIS participation are to reduce duplication of efforts and streamline services for families. In the previous plan period, OECOSL was able to grant reciprocity for Head Start programs within the QRIS. 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.

- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The Lead Agency coordinates with the Indiana State Department of Health 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, OECOSL has leveraged technical assistance to support the implementation of this toolkit across child care settings. 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 in collaboration with IDOH and sent out by OECOSL to incentivize wide adoption of receiving the annual flu vaccine.**
- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The Lead Agency has collaborated on statewide presentations regarding programs offered through the Department of Workforce Development (DWD) to educate programs about available opportunities. The Lead Agency has also partnered with DWD and IDOE on the creation of an Early Childhood Apprenticeship that has been approved by the Department of Labor's Office of Apprenticeships in Indiana.**
- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **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. The Lead Agency 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/> and include resources and tools to understand program requirements and tips for communicating with families. 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,**

implementation of a kindergarten readiness assessment tool, and the development of additional cross-training opportunities on Indiana's Early Learning Standards, the Science of Reading, teaching strategies for multi-language learners and family engagement. 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. The Lead Agency also intends to work closely with the IDOE on the next iteration of QRIS.

- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **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. The Lead Agency is also planning to implement recommendations from the Early Learning Advisory Committee to streamline rules and regulations while staying committed to best practices related to health and safety.**
- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **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 technical assistance vendor and IDOE to ensure that the right assistance is available in order to ensure more programs can participate in CACFP. Results of this collaboration include improved licensing and CACFP enforcement practices that removed outdated requirements for providers.**
- j. 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 and results of the coordination: **The Lead Agency has aligned CCDF policies and procedures with the McKinney-Vento Homeless Education Assistance Act. The 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. The Lead Agency 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. The Lead Agency 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 Lead Agency will also begin to create strategies to support these efforts and provide additional education, data, and resources across the system. Results include a presentation by the Indiana Housing and Community Development Authority (IHCDA) to the CCR&R network clarifying what homeless means, available resources and what services are available. The Lead Agency is working with the TA vendor to ensure these updates are incorporated into the Director's Training.

- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The Lead Agency is housed within the same division (Family and Social Services Administration) 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.**
- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **The division responsible for the administration of Medicaid is housed within the same agency (FSSA) as the Lead Agency. The Lead Agency is 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. The Lead Agency works closely with the Pregnancy Promise program developed for Medicaid eligible, pregnant women diagnosed with Substance Use Disorder. Eligible families are prioritized to receive CCDF funding for child care while participating in recovery programs.**
- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **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. 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. OECOSL has worked closely with DMHA on the implementation of workforce wellness initiatives and the implementation of Infant and Early Childhood Mental Health Consultation.**
- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development.

Describe the coordination and results of the coordination: **The Lead Agency'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 are contracted to support implementation of the state plan. The CCR&R network provides extensive support including 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.

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The Lead Agency collaborates with the Indiana Afterschool Network through regular meetings and information sharing.** Meetings have focused on out-of-school 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 the Lead Agency, to support the needs of preschool families to access before and after school care. In response to CCDF voucher data, the Lead Agency is also partnering with the Indiana Afterschool Network to implement an intensive quality improvement project for school age programs to become CCDF eligible and increase their quality level. This will include mini-grants to support becoming CCDF eligible and intensive technical assistance utilizing IAN's proprietary tools such as IN-QPSA and the Indiana Afterschool Standards. The Lead Agency has also presented at the Indiana Afterschool Summit for several years on CCDF Program Eligibility, monitoring, and supports. The Lead Agency also continues to support the professional development of school age professionals by offering scholarships to the Indiana Afterschool Network's annual summit. Finally, the Lead Agency also funds, through its partnership with Spark Learning Lab, a school age specialist who collaborates with IAN, to provide support to local ECE programs.
- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The Lead Agency, 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 the Lead Agency 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 the Lead Agency 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. The Lead Agency updated this plan in the Fall of 2023 based on feedback provided through technical assistance. This revised plan was reviewed and approved by the Early Learning Advisory Committee.

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

- i. State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:
- 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 to develop and support articulation agreements across high school, non-formal, associate degree, and bachelor degree programs.**
- iii. Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: **The Lead Agency and the Indiana Department of Corrections work to provide support to mothers transitioning from prison. Collaboration also occurs between the Lead Agency and the Department of Children's services to provide quick access to child care for families providing foster care across the state. Additionally, the Lead Agency supports a two-generation approaches to poverty reduction through partnerships with workforce development agencies, child care and out-of-school time programs. The 2Gen framework is also embedded into CCR&R services. All CCR&R staff are provided training on this approach.**
- iv. State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) 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 and the Indiana Home Visiting Advisory Board (INHVAB). The Indiana Home Visiting Board is providing direction for MIECHV, including coordination efforts between home visiting and child care.

v. **[x]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **The Lead Agency, with the support of Zero to Three, 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 assess barriers.**

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, the Lead Agency 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. The Lead Agency also supports 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. **[x]** State/Territory agency responsible for child welfare. Describe: **The Lead Agency 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. 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.**

vii. **[x]** Child care provider groups or associations. Describe: **The Lead Agency collaborates with various advisory groups by program type receiving ongoing input from three licensing provider advisory councils (homes, centers, and ministries) as well as regional advisory councils that provide input into our technical assistance offerings. Providers are also able to provide input into our technical assistance and professional development system by participating in an advisory council facilitated by our technical assistance vendor. Lastly, there are provider representatives from various auspices with appointment to the Early Learning Advisory Committee.**

Additionally, the Lead Agency also conducts a needs assessment with Purdue

University for community members who are engaged in coalitions or with the Child Care Resource and Referral Network to help inform our strategy and activities outlined in the CCDF State Plan and 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 and has resulted in the creation of a new school age quality improvement project. Lastly, OECOSL partners with Indiana AEYC for workforce and professional development initiatives and for collaboration with them as a membership organization as well.

- viii. **[x] Parent groups or organizations. Describe: The Lead Agency 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. The Lead Agency also conducts a needs assessment with Purdue University for families who are receiving subsidy to help inform our strategy and activities outlined in the CCDF State Plan.**
- ix. **[x] Title IV B 21st Century Community Learning Center Coordinators. Describe: The 21st Century Community Learning Centers are facilitated by the Indiana Department of Education. The Lead Agency currently participates in the Out-of-School Time Advisory Board to help support the needs of 21st Century Community Learning Centers.**
- x. **[] Other. Describe:**

8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds 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, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency 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 pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

No. (If no, skip to question 8.2.2)

Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

Title XX (Social Services Block Grant, SSBG)

Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

State- or Territory-only child care funds

TANF direct funds for child care not transferred into CCDF

Title IV-B funds (Social Security Act)

Title IV-E funds (Social Security Act)

Other. Describe:

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? **The combining of funds in this way increases full day access to high quality, comprehensive services for more children.**

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

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 must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

Yes. If yes, describe which funds are used: **Matching funds come from the general fund for the Child Care State appropriation and the general fund Pre-K Education. MOE comes from the general fund for Child Care State appropriation.**

No.

b. Does the Lead Agency use donated funds to meet match requirements?

Yes. If yes, identify the entity(ies) designated to receive donated funds:

- i. Donated directly to the state.
- ii. Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

Yes.

No. If no, describe:

8.3 Coordination with 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 Lead Agency, 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).

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 Lead Agency.
- 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 Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **The Lead Agency contracts with 5 agencies to provide CCR&R services. 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. The CCR&R Network has also incorporated a Family Resource Navigator approach which allows Family Engagement Specialists to provide referrals to local social service organizations through the FindHelp platform.**

The Child Care Resource and Referral Network will also oversee the launching and implementation of staffed family child care networks across the state to promote the connection to low/no-cost resources and sustainability of family child care providers.

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 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.

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 statewide 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 technical assistance to support provider recruitment, family and community education, family

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage 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) 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.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **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 Standards), 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, the Lead Agency 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 the Lead Agency. The outcome of this work can be found at <http://providers.brighterfuturesindiana.org/>. The lead agency works closely with Early Learning 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 provides information for families based on Indiana's early learning standards as well as provide information about licensing, health and safety, and many other early childhood related programs. 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.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and 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.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **The Lead Agency received technical assistance through the State Capacity Building Center on our Statewide Disaster Plan (Plan) in the Summer of 2023. The Lead Agency incorporated feedback provided and discussed recommendations with the Early Learning Advisory Committee (ELAC), human services agency, emergency management agency, licensing agency, health department, and the CCR&R's. This updated plan was approved by the Early Learning Advisory Committee and published in the Fall of 2023.**

The Plan was updated after the Lead Agency's Onsite Monitoring in 2021 found a noncompliance as collaboration with ELAC had not occurred during plan development. Changes included: addition of new partners, clarification of roles and responsibilities and additional definitions for accommodations.

- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.

- i. The plan was developed in collaboration with the following required entities:

- State human services agency.
- State emergency management agency.
- State licensing agency.
- State health department or public health department.
- Local and State child care resource and referral agencies.
- State Advisory Council on Early Childhood Education and Care or similar coordinating body.

- ii. The plan includes guidelines for the continuation of child care subsidies.
- iii. The plan includes guidelines for the continuation of child care services.
- iv. The plan includes procedures for the coordination of post-disaster recovery of child care services.

v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

- Procedures for evacuation.
- Procedures for relocation.
- Procedures for shelter-in-place.
- Procedures for communication and reunification with families.
- Procedures for continuity of operations.
- Procedures for accommodations of infants and toddlers.
- Procedures for accommodations of children with disabilities.
- Procedures for accommodations of children with chronic medical conditions.

vi. The plan contains procedures for staff and volunteer emergency preparedness training.

vii. The plan contains procedures for staff and volunteer practice drills.

viii. If any of the above are not checked, describe:

ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:
https://www.in.gov/fssa/carefinder/files/BCC_Indiana_Emergency_Response_Guide_for_Child_Care_Providers_COLOR.pdf

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. 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. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. 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 a number of places; parents can call their local Child Care Resource and Referral agency, IN 211 or 1800-299-1627, as well as the Lead Agency's hotline number at 1-877-511-1144 to submit a complaint. Parents can also send complaints to the Lead Agency via email. There is also information on the consumer education website, brighterfutures.org, for additional information on child care, including both questions, complaints and inquiries. Families can also find inspection reports and any validated complaints or enforcement/actions for regulated Indiana programs to learn about past complaints for a specific program, visit Child Care Finder and search for a program. The program page will include information about past complaints, past inspection and any health or safety violations. Substantiated complaints only, will be posted on the FSSA website at: <https://secure.in.gov/apps/fssa/providersearch/home/category/ch> Once a provider is selected, scroll down; under the red banner (Health and Safety violations) or at the bottom of the page there are 3 tabs. The middle tab says "complaints", click this tab to see any substantiated complaint. A full monitoring report by provider type can be found at the same link as above (<https://secure.in.gov/apps/fssa/providersearch/home/category/ch>) . 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.**
- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The Child Care Resource Network, including 211, has access to telephonic translation services and have the ability to utilize interpretation services as needed or requested. Consultants and, administrative staff has access to a Propio Language services for assistance with interpretation for all calls.**
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **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 complaint or providing sign language. Partnerships with community based organizations assist in identifying and providing appropriate accommodations.**
- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?
[x] Yes. If yes, describe: Immediately upon determining that someone is contacting the Lead Agency's parent complaint hotline, the client will be connected with a trained staff member to facilitate the complaint process.
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 Department of Child Services at 1-800-800-5556.

The staff member will listen objectively, compiling notes on the complaint intake form as the client expresses his or her concern(s) including any contact information if they wish to receive any updates on their submitted complaint.

Details of the complaint will be repeated back to the client for clarification and accuracy.

The Parent Complaint Hotline visit must be made within thirty (30) days of receiving the complaint. Complaints received will be assessed to be 3 different categories 1) Potential Imminent danger - Two business day response required; Serious - 30-day response required or Non-emergency or non-serious. 45-day response required. 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.

Once the complaint has been investigated the consultant will make a determination of undetermined, not validated or validated. Any validated complaints will also have the non-compliances cited on a plan of correction. 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. All validated complaints are public records and can be seen on www.Childcarefinder.in.gov

[] No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **The Lead Agency documents and maintains these records in the Child Care Information System.**
- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **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.**

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- i. Provide the URL for the Lead Agency's consumer education website homepage: **<https://brighterfuturesindiana.org> and <https://www.in.gov/fssa/childcarefinder>**
- ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
 Yes.
 No. If no, describe:
- iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
 Yes.
 No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: **<https://www.in.gov/fssa/carefinder/files/Monitoring-Process-Child-Care-Programs-in-Indiana.pdf>, provides regulatory information about Indiana's program. This site provides information about the licensing process, various steps and waivers and technical assistance available to providers.**
- ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers::
<https://www.in.gov/fssa/carefinder/files/Monitoring-Process-Child-Care-Programs-in-Indiana.pdf>
The Monitoring Process for Child Care Programs in Indiana:

Indiana Child Care Licensing Consultants monitor all regulated child care programs for compliance of licensure requirements. This is achieved by conducting regular onsite inspections and technical assistance visits. The licensing consultants document these visits using monitoring and inspection reports.

- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:
<https://www.in.gov/fssa/carefinder/background-check-requirements/> located on <http://www.in.gov/fssa/2552.htm> provides regulatory information about Indiana's program. This site provides information about the licensing rules, market rates and payment practices. This page provides the program with information on how to obtain background checks, when one is required how often they are required, and what the disqualifying crimes are. It has an email link for other states to contact us if needing agency assistance for obtaining a background check from Indiana. This site is 508 compliant and has Google Translate available as well as Browse Aloud which reads the text or a text only version.
- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:
https://www.in.gov/fssa/carefinder/files/Disqualifying-_Crimes.pdf

9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.
 - i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?
 - Yes.
 - No. If no, describe:
 - ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **<https://secure.in.gov/apps/fssa/providersearch/home/category/ch>**
 - iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:
 - License-exempt center-based CCDF providers.
 - License-exempt family child care CCDF providers.
 - License-exempt non-CCDF providers.
 - Relative CCDF child care providers.
- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results

	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	[x]	[x]	[x]	[]	[]
Enrollment capacity	[x]	[x]	[x]	[]	[]
Hours, days, and months of operation	[x]	[x]	[x]	[]	[]
Provider education and training	[]	[]	[]	[]	[]
Languages spoken by the caregiver	[]	[]	[]	[]	[]
Quality information	[x]	[x]	[x]	[]	[]
Monitoring reports	[x]	[x]	[x]	[]	[]
Willingness to accept CCDF certificates	[x]	[]	[]	[]	[]
Ages of children served	[x]	[x]	[x]	[]	[]
Specialization or training for certain populations	[]	[]	[]	[]	[]
Care provided during nontraditional hours	[x]	[x]	[x]	[]	[]

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

- i. [x] All licensed providers. Describe: **Provider type, Applicant name, Accreditations, license/regulation dates, complaints, and enforcements and license status.**
- ii. [x] License-exempt CCDF center-based providers. Describe: **Accreditations, license/regulation dates, complaints, and enforcements provider type, Applicant name, and license status.**
- iii. [x] License-exempt CCDF family child care providers. Describe: **Accreditations, license/regulation dates, complaints, and enforcements provider type, Applicant name, and license status.**
- iv. [] License-exempt, non-CCDF providers. Describe:
- v. [] Relative CCDF providers. Describe:
- vi. [x] Other. Describe: **Unlicensed Registered Child Care Ministries - Accreditations,**

license/regulation dates, complaints, and enforcements. provider type, Applicant name, and registration status.

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
 - i. Quality improvement system.
 - ii. National accreditation.
 - iii. Enhanced licensing system.
 - iv. Meeting Head Start/Early Head Start Program Performance Standards.
 - v. Meeting pre-Kindergarten quality requirements.
 - vi. School-age standards.
 - vii. Quality framework or quality improvement system.
 - viii. Other. Describe:
- b. For what types of child care providers is quality information available?
 - i. Licensed CCDF providers. Describe the quality information: **Licensed providers follow basic health and safety standards, and they may voluntarily 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 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.

- iii. **[x] License-exempt center-based CCDF providers. Describe the quality information: An unlicensed child care center is not required to be licensed, likely due to its hours of operation and ages served, and they may participate in the PTQ system, and they might be an approved On My Way PreK site, the State-funded Pre-K initiative.**
- 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. **[x] 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.**

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must 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 child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. 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. **[x] The total number of serious injuries of children in care by provider category and licensing status.**
 - ii. **[x] The total number of deaths of children in care by provider category and licensing status.**
 - iii. **[x] The total number of substantiated instances of child abuse in child care settings.**

- iv. The total number of children in care by provider category and licensing status.
- v. If any of the above elements are not included, describe:
- b. 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 and describe how the Lead Agency obtains the aggregate data from the entity: **These reports are submitted to the Lead Agency.**
 - ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **Substantiated**, when used in reference to a child abuse or neglect report made under IC 31-33, means a determination regarding the status of the report whenever facts obtained during an assessment of the report provide a preponderance of evidence that child abuse or neglect has occurred.
 - iii. The definition of “serious injury” used by the Lead Agency for this requirement: **IC 12-17.2-3.5-19 Notifications of injury or death of child (1) A: (A) bodily injury (as defined in IC 35-31.5-2-29); or (B) 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.**
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted: **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 <https://www.in.gov/fssa/carefinder/files/SeriousInjuryFatalitiesSubAbuse.pdf>. 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.**

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?
 - Yes.
 - No.
 - Not applicable. The Lead Agency does not have local CCR&R organizations.
- b. Provide the direct URL/website link to this information:
<https://brighterfuturesindiana.org/ccrr-network>

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

Yes.

No.

b. Provide the direct URL/website link to this information:

<https://brighterfuturesindiana.org/ccrr-network>

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

Yes.

No.

b. Provide the direct URL/website link to the sliding fee scale.

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

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **The Lead Agency 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 child care, 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, searches can be based upon age of the child, the hours of operation for the child care desired, the type of provider (Licensed Center, Licensed Home, etc.), 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 Network 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 with 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. The Lead Agency has also worked with our partners at Early Learning Indiana to launch the Childcare Marketplace. This is another online tool where families can search for child care that meets their needs. 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

The Brighter Futures website 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. <http://brighterfuturesindiana.org/> provides information on helping to pay for care, the developmental milestones by age group and statewide family support.

Direct communication can occur in multiple methods. One such method is interaction with each of the local CCR&R agencies or 211 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.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).

- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

Yes.

No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. 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

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

Yes.

No. If no, describe:

9.3.4 Informing families about best practices on child development

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, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **The Lead Agency utilizes the Brighter Futures website, as well as social media through our contracted partners to share information with families about best practices on child development. Through various posts and blogs, families can learn about developmental milestones, gather ideas for family engagement activities at home and a wide variety of other topics. Through our partnership with the technical assistance vendor,**

there are also trainings for child care providers on these topics and how to include families in their program. In addition, families receive information on child development and milestones as part of the consumer education packet that accompanies all child care referrals.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

Yes.

No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral 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: **The Lead Agency utilizes the Brighter Futures website, as well as social media through our contracted partners to share information with families about best practices on child development. Through various posts and blogs, families can learn about developmental milestones, gather ideas for family engagement activities at home and a wide variety of other topics. Through our partnership with the technical assistance vendor, there are also trainings for child care providers on these topics and how to include families in their program. In addition, families receive information on child development and milestones as part of the consumer education packet that accompanies all child care referrals.**

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have 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. Describe those policies and how those policies are shared with families, providers, and the general public: **Indiana early childhood education programs that are eligible to accept Child Care Development Fund (CCDF) vouchers are required to have a policy on suspension and expulsion that policy must be clearly communicated to families before enrollment. The policy must promote positive social and emotional growth and should include age appropriate positive behavior supports. It should limit eliminate altogether use of expulsion, suspension and other disciplinary practices that center on excluding children.**

A child cannot be expelled due to behavioral challenges unless the procedures outlined in the suspension and expulsion policy have been followed. The suspension and expulsion policy must clearly define the steps that must be followed when a child engages in challenging behaviors that cannot be resolved using ordinary classroom strategies.

The policy and additional resources are available to providers, families and the public at <https://www.in.gov/fssa/carefinder/provider-resources/>. Families may also be referred to the local CCR&R for information concerning suspension and expulsion.

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds:

Indiana early childhood education programs that are eligible to accept Child Care Development Fund (CCDF) vouchers are required to have a policy on suspension and expulsion that policy must be clearly communicated to families before enrollment. The policy must promote positive social and emotional growth and should include age-appropriate positive behavior supports. It should limit eliminate altogether use of expulsion, suspension and other disciplinary practices that center on excluding children.

A child cannot be expelled due to behavioral challenges unless the procedures outlined in the suspension and expulsion policy have been followed. The suspension and expulsion policy must clearly define the steps that must be followed when a child engages in challenging behaviors that cannot be resolved using ordinary classroom strategies.

The policy and additional resources are available to providers, families and the public at <https://www.in.gov/fssa/carefinder/provider-resources/>. Families may also be referred to the local CCR&R for information concerning suspension and expulsion.

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of 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; and,
- 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.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.
 Yes.
 No. If no, describe:
b. 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 Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

Yes.

No. If no, describe:

c. Developmental screenings to parents receiving a subsidy as part of the intake process.

Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **Eligibility Specialists are trained to go through a step by step process with families that reflects families' needs, and the options cover topics such as 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. Eligibility Specialists 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 eligibility determination.**

No. If no, describe:

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

Yes.

No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The Lead Agency has 16 guiding principles and is required to**

demonstrate adherence to each annually.

Principle 1. The division demonstrates a commitment to integrity and ethical values.

Principle 2. Management establishes structures, reporting lines, and appropriate authorities and responsibilities in the pursuit of objectives.

Principle 3. The division demonstrates a commitment to attract, develop, and retain competent individuals in alignment with objectives.

Principle 4. Management evaluates performance and holds individuals accountable for their internal control responsibilities.

Principle 5. The division defines its objectives clearly in order to identify risks and define risk tolerances.

Principle 6. Management identifies, analyzes, and responds to risks related to achieving the defined objectives.

Principle 7. Management considers the potential for fraud when identifying, analyzing and responding to risks.

Principle 8. Management identifies, analyzes and responds to significant changes that could impact the internal control system.

Principle 9. Management selects and designs control activities to achieve objectives and respond to risks.

Principle 10. Management designs the information technology system and related control activities to achieve objectives and respond to risks.

Principle 11. Management implements control activities through policies that establish what is expected and in procedures that put policies into action.

Principle 12. Management obtains or generates and uses relevant, quality information to achieve the division's objectives.

Principle 13. Management internally communicates information, including objectives and responsibilities to achieve the division's objectives.

Principle 14. Management communicates with external parties the necessary quality information to achieve the division's objectives.

Principle 15. Management establishes and operates monitoring activities of the internal control system and evaluates the results.

Principle 16. The division evaluates and communicates internal control deficiencies in a timely manner to those parties responsible for taking corrective action as appropriate.

The Lead Agency also partners with several other business units within FSSA to delegate, coordinate and segregate duties. For example, referrals for fraud investigation are made to FSSA Compliance. Random or periodic provider and vendor audits are conducted by FSSA Audit. Fiscal Management practices are set by the FSSA CFO and Controller and systems are in place to ensure there is regular communication channels established and checks in balances within the system to prevent unauthorized access by Lead Agency staff.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.

4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **All CCDF funds are awarded using the Indiana Department of Administration's procurement policy and procedures which includes competitive bids. All contracted vendors or sub-recipients, including those implementing quality improvement efforts and technology supports, have grants or contracts in place that require compliance with all State and Federal laws, rules and policies. Each agreement contains clearly identified benchmarks or performance measures. Grantees are monitored regularly to ensure adequate progress is made toward these benchmarks. Each grantee claim submitted for reimbursement requires three (3) separate reviews and approvals verifying that all expenses claimed are allowable and within budget. All sub-recipients and contracted vendors are subject to random program audits as well as mandatory annual audits**
- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **There are preventive controls in place for manual review of both voucher payments and PeopleSoft Journal entry transactions where review and approval is documented in the PeopleSoft system. There are also documented detective reviews of posted transactions charged to each FFY grant year completed prior to the submission of federal financial reports, documented by FFA Federal Funding department who retain their work files along with the documented Controller review and approval. To ensure all charges are correct, each transaction noted will be reviewed fully and a journal entry made to correct any payments charged to the Incorrect federal grant year.**
- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **The Federal Funding department of FSSA prepares all federal financial reports for FSSA's federal grants. For every federal grant year, each funding type (Mandatory, Matching, Discretionary, etc.) is accounted for separately in the accounting system by a funding source, project name and budget and is further broken down by activity codes for each line on the ACF-696 report. The Federal Funding specialist runs a query from the accounting system for the reporting period and sorts by project and activity code. The totals for each are then entered in the appropriate column and line on the federal report. The specialist also reconciles federal draws to expenses and verifies earmarks/targeted amounts. When complete, the report is entered into Grant Solutions/OLDC online. A copy of the report and all workpapers are sent to the Federal Funding Director for review and after review are forwarded to the Controller for approval. After the Controller's approval, the Federal Funding Director then certifies the report in Grant Solutions. All copies of reports and backup files are saved for any future review or audit. Additionally, FSSA's management has established controls related to the grant**

agreement and the Period of Performance compliance requirement to ensure the expenditures are charged to the appropriate grant within the period of performance. There are existing controls in place where contract claims are reviewed by OECOSL program staff and PeopleSoft vouchers are reviewed at multiple levels prior to approval for payment, and charging the appropriate grant year project is part of the review.

- d. Other. Describe: The Lead Agency has automated all reporting requirements. All reports are run in accordance with due dates and allow for Lead Agency staff to review for completion and accuracy before submission.

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **The Lead Agency has 16 guiding principles and is required to demonstrate adherence to each annually.**
Principle 1. The division demonstrates a commitment to integrity and ethical values.
Principle 2. Management establishes structures, reporting lines, and appropriate authorities and responsibilities in the pursuit of objectives.
Principle 3. The division demonstrates a commitment to attract, develop, and retain competent individuals in alignment with objectives.
Principle 4. Management evaluates performance and holds individuals accountable for their internal control responsibilities.
Principle 5. The division defines its objectives clearly in order to identify risks and define risk tolerances.
Principle 6. Management identifies, analyzes, and responds to risks related to achieving the defined objectives.
Principle 7. Management considers the potential for fraud when identifying, analyzing and responding to risks.
Principle 8. Management identifies, analyzes and responds to significant changes that could impact the internal control system.
Principle 9. Management selects and designs control activities to achieve objectives and respond to risks.
Principle 10. Management designs the information technology system and related control activities to achieve objectives and respond to risks.
Principle 11. Management implements control activities through policies that establish what is expected and in procedures that put policies into action.
Principle 12. Management obtains or generates and uses relevant, quality information to achieve the division's objectives.
Principle 13. Management internally communicates information, including objectives and responsibilities to achieve the division's objectives.
Principle 14. Management communicates with external parties the necessary quality information to achieve the division's objectives.
Principle 15. Management establishes and operates monitoring activities of the internal control system and evaluates the results.
Principle 16. The division evaluates and communicates internal control deficiencies in a timely manner to those parties responsible for taking corrective action as appropriate.

- b. How the Lead Agency measures and tracks results of their fiscal management practices.
Describe: **The Lead Agency is subject to an annual audit conducted by the Indiana State Board of Accounts and completes an Internal Control Questionnaire and Assessment led by FSSA Audit.**
- c. How the results inform implementation. Describe: **Any findings or deficiencies require a plan of correction with timelines for completion and quarterly updates on progress.**
- d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **The Lead Agency is subject to an annual audit conducted by the Indiana State Board of Accounts and completes an Internal Control Questionnaire and Assessment led by FSSA Audit.**
- b. The frequency of each risk assessment. Describe: **Each is conducted annually.**
- c. How the Lead Agency uses risk assessment results to inform program improvement.
Describe: **Any findings or deficiencies require a plan of correction with timelines for completion and quarterly updates on progress.**
- d. How the Lead Agency knows that the risk assessment processes utilized are effective.
Describe: **If FSSA Audit identifies an area of concern, we work together to determine if new policies or procedures are necessary to implement.**

We also believe that our low error rate (under two percent) is a strong indicator of the effectiveness of our risk assessment processes.

- e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
- i. Describe the training provided to staff members around CCDF program requirements and program integrity: **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.

ii. Additionally, all staff have an onboarding plan developed prior to beginning employment. This includes one week of general FSSA and OECOSL training and transitions to CCDF specific training which includes a 30, 60 and 90 day onboarding. There is also formal CCDF Policy Manual training as well as a desk guide for all staff. These include program integrity.

ii. Describe how staff training is evaluated for effectiveness: **Each week** eligibility errors are identified and sent to the Eligibility Specialists and the CCDF Policy Consultants. Eligibility errors are reviewed and corrected. If the error were due to guidance provided by a Policy Consultant, a more senior member of the team would provide additional training as needed.

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **The Lead Agency consistently maintains an error rate under two percent. However, each improper payment is reviewed with Eligibility Specialists and Lead Agency staff to determine the source of the error and if additional training or guidance is required.**

b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

i. Describe the training for providers around CCDF program requirements and program integrity: **All CCDF providers have access to Indiana's Provider Web portal. That portal contains a CCDF Provider Manual, numerous how-to-videos, FAQ's and a Quick Reference Guide. Additionally, all providers must sign a Provider Statement that details program requirements.**

ii. Describe how provider training is evaluated for effectiveness: **Provider inquiries and issues are monitored for training needs. Additional trainings are developed as needed. This includes a recorded webinar for program or policy changes.**

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **The Lead Agency consistently maintains an error rate near two percent. However, each improper payment is reviewed with Eligibility Specialists and Lead Agency staff to determine the source of the error and if additional training or guidance is required.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The Lead Agency consistently maintains an error rate near two percent. However, each improper payment is reviewed with Eligibility Specialists and Lead Agency staff to determine the source of the error and if additional training or guidance is required.**

b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **All audits are**

concluded with an Exit Conference. Attendees include the responsible party from the Lead Agency, representatives from FSSA including the CFO and Controller, and representatives from the Office on Management and Budget, State Budget Agency and State Board of Accounts. Any findings require a corrective action plan as well as quarterly updates detailing progress towards compliance.

c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

a. No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.

b. Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **The Lead Agency's most recent audit had a Child Care Development Fund- Period of Performance finding and recommended that FSSA's management establish controls related to the grant agreement and the Period of Performance compliance requirement to ensure the expenditures are charged to the appropriate grant within the period of performance.**

In response, the Lead Agency has established controls related to the grant agreement and the Period of Performance compliance requirement to ensure the expenditures are charged to the appropriate grant within the period of performance. There are existing controls in place where contract claims are reviewed by OECOSL program staff and PeopleSoft vouchers are reviewed at multiple levels prior to approval for payment, and charging the appropriate grant year project is part of the review.

The Lead Agency will ensure going forward, due to additional preventive controls put in place within PeopleSoft, that transactions will be strictly charged to the Federal Fiscal year in which those services are incurred to comply with the period of performance requirement. Review and any corrections will be made through a GL journal.

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls 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 and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

a. 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)).

i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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.**

The Lead Agency has access to FSSA Compliance and FSSA Audit to identify intentional program violations. FSSA Compliance is tasked with investigating any potential fraud or intentional program violations. FSSA Compliance utilizes Pondera's Case Tracker and Fraud Caster to enhance fraud detection and prevention. This same system is also used by the SNAP, TANF and Medicaid systems in Indiana. Since system implementation, over 100 cases have been referred for investigation. To date, nearly 50 investigations have been completed resulting in a finding of no further action required, a repayment request or a referral for prosecution. Over 50 cases remain open and there are 6 referrals that have yet to be assigned to an investigator.

FSSA Audit audits providers and verifies attendance and payment policies are being followed. If any inaccuracies are discovered during the audit process, the provider may be required to repay any CCDF funding that was paid out of compliance with policy. Repeated violations may result in a provider being denied CCDF eligibility. Prior to implementing pay by enrollment, the Lead Agency requested an internal control review to ensure the appropriate items were in place for training, audit and feedback.

The results of these activities result in repayment agreements, referrals for prosecutions to either a local prosecutor, the attorney general's office or federal prosecution. Garnishment may also be ordered if repayment agreements are not followed

ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency has the ability to run a variety of Quality Assurance reports within the Indiana Child Care Information System (CCIS) and Automated Intake 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. FSSA Financial Management is tasked with recovering any improper payments due to unintentional program violations.**

FSSA Compliance utilizes Pondera's Case Tracker and Fraud Caster to enhance fraud detection and prevention. This same system is also used by the SNAP, TANF

and Medicaid systems in Indiana. Since system implementation, over 100 cases have been referred for investigation. To date, nearly 50 investigations have been completed resulting in a finding of no further action required, a repayment request or a referral for prosecution. Over 50 cases remain open and there are 6 referrals that have yet to be assigned to an investigator.

- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Quality Assurance reports are generated by 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. If an error is repeated or becomes more frequent, additional training will be provided with the expectation that the errors will be reduced or eliminated. Without improvement, a plan of correction may be requested of the agency.**
- b. Run system reports that flag errors (include types).
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Quality Assurance reports are generated by the CCDF eligibility software and the licensing software. These reports are reviewed by the Lead Agency and could trigger a referral to FSSA compliance or FSSA Audit.**

FSSA Compliance is tasked with investigating any potential fraud or intentional program violations. FSSA Compliance utilizes Pondera's Case Tracker and Fraud Caster to enhance fraud detection and prevention. This same system is also used by the SNAP, TANF and Medicaid systems in Indiana. Since system implementation, over 100 cases have been referred for investigation. To date, nearly 50 investigations have been completed resulting in a finding of no further action required, a repayment request or a referral for prosecution. Over 50 cases remain open and there are 6 referrals that have yet to be assigned to an investigator.

FSSA Audit audits providers and verifies attendance and payment policies are being followed. If any inaccuracies are discovered during the audit process, the provider may be required to repay any CCDF funding that was paid out of compliance with policy. Repeated violations may result in a provider being denied CCDF eligibility. Prior to implementing pay by enrollment, the Lead Agency requested an internal control review to ensure the appropriate items were in place for training, audit and feedback.

These activities result in repayment agreements, referrals for prosecutions to either a local prosecutor, the attorney general's office or federal prosecution. Garnishment may also be ordered if repayment agreements are not followed.

- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Quality Assurance reports are generated by 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.

After each payment cycle, a report is run to identify potential payment errors. Each payment is reviewed and corrected if needed.

- iii. **[x] Agency errors.** Describe the activities, the results of these activities, and how they inform better practice: **Quality Assurance reports are generated by 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. An error rate that exceeds three (3) percent may result in a request for a plan of correction.**
- c. **[x] Review enrollment documents and attendance or billing records.**
 - i. **[x] Intentional program violations.** Describe the activities, the results of these activities, and how they inform better practice: **FFSA Audit also conducts a random sample of attendance records to determine if child absences are accurately reported. Incorrect submissions may trigger a referral for additional provider training or to FSSA Compliance for investigation.**

The Lead Agency also investigates all complaints received from families and child care staff. The findings may trigger a referral to FSSA Compliance for investigation.

Prior to implementing pay by enrollment, the Lead Agency requested an internal control review to ensure the appropriate items were in place for training, audit and feedback.
 - ii. **[x] Unintentional program violations.** Describe the activities, the results of these activities, and how they inform better practice: **FFSA Audit also conducts a random sample of attendance records to determine if child absences are accurately reported. Incorrect submissions may trigger a referral for additional provider training and are corrected and repayment is triggered if warranted. Prior to implementing pay by enrollment, the Lead Agency requested an internal control review to ensure the appropriate items were in place for training, audit and feedback.**
 - iii. **[x] Agency errors.** Describe the activities, the results of these activities, and how they inform better practice: **All eligibility office cases are monitored to check for agency errors. Each week eligibility errors are identified and sent to the Eligibility Specialists and the CCDF Policy Consultants. Eligibility errors are reviewed and corrected. If warranted, additional training is provided.**
- d. **[x] Conduct supervisory staff reviews or quality assurance reviews.**
 - i. **[x] Intentional program violations.** Describe the activities, the results of these activities, and how they inform better practice: **FFSA Audit also conducts a random sample of attendance records to determine if child absences are**

accurately reported. Incorrect submissions may trigger a referral for additional provider training or to FSSA Compliance for investigation. Findings are shared and reviewed with Lead Agency staff to identify potential opportunities for improved communication or additional training.

Prior to implementing pay by enrollment, the Lead Agency requested an internal control review to ensure the appropriate items were in place for training, audit and feedback.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **FFSA Audit also conducts a random sample of attendance records to determine if child absences are accurately reported. Incorrect submissions may trigger a referral for additional provider training and are corrected and repayment is triggered if warranted. Findings are shared and reviewed with Lead Agency staff to identify potential opportunities for improved communication or additional training.**
Prior to implementing pay by enrollment, the Lead Agency requested an internal control review to ensure the appropriate items were in place for training, audit and feedback.
- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **To ensure accuracy and compliance during eligibility determination, Local Eligibility Offices are monitored as follows:**
Weekly quality assurance review of data including identification of any critical errors;
Weekly quality assurance reports distributed to local entity as well as Lead Agency staff;
Monthly quality assurance conference calls;
Monitoring of 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 may result in a monetary penalty for Eligibility Office vendors; All ineligible applications are required to pay back all monthly case file payments paid;
Grantee Accuracy Report; and If the error rate is over 3% the Eligibility Specialist will be placed on probation for three (3) months, are issued a monetary penalty and are required to complete a plan of correction.
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.
Monthly meetings are held with all eligibility office vendors to discuss contract, policy and performance matters.

e. **[x]** Audit provider records.

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **FFSA Audit also conducts a random sample of attendance records to determine if child absences are accurately reported. Incorrect submissions may trigger a referral for additional**

provider training or to FSSA Compliance for investigation. Prior to implementing pay by enrollment, the Lead Agency requested an internal control review to ensure the appropriate items were in place for training, audit and feedback.

The Lead Agency also investigates all complaints received from families and child care staff. The findings may trigger a referral to FSSA Compliance for investigation.

- ii. **[x] Unintentional program violations.** Describe the activities, the results of these activities, and how they inform better practice: **FFSA Audit also conducts a random sample of attendance records to determine if child absences are accurately reported. Incorrect submissions may trigger a referral for additional provider training and are corrected and repayment is triggered if warranted. Prior to implementing pay by enrollment, the Lead Agency requested an internal control review to ensure the appropriate items were in place for training, audit and feedback.**

The Lead Agency also investigates all complaints received from families and child care staff. The findings may trigger a referral to FSSA Compliance for investigation.

- iii. **[x] Agency errors.** Describe the activities, the results of these activities, and how they inform better practice: **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.**

If an error is repeated or becomes more frequent, additional training will be provided with the expectation that the errors will be reduced or eliminated. Without improvement, a plan of correction may be requested of the agency.

- f. **[x] Train staff on policy and/or audits.**

- i. **[x] Intentional program violations.** Describe the activities, the results of these activities, and how they inform better practice: **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.**

All staff participate in the develop and review of the Policy Manual and make referrals to both FSSA Compliance and Audit investigations.

- ii. **[x] Unintentional program violations.** Describe the activities, the results of these activities, and how they inform better practice: **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.**

All staff participate in the develop and review of the Policy Manual and make referrals to both FSSA Compliance and Audit investigations.

- iii. **[x] Agency errors.** Describe the activities, the results of these activities, and how they inform better practice: **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.

All CCDF Policy Consultants are trained to identify and correct errors. 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. Monthly meetings are held with all eligibility office vendors to discuss contract, policy and performance matters.

- g. Other. Describe the activity(ies):
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **FSSA Compliance**
- 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. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. 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 most recent analysis: **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 based on the most recent analysis: **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 based on the most recent analysis: **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. **[x] Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: For CCDF providers that owe 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 reimbursements until the debt is paid in full.**
- v. **[x] Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: 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.**
- vi. **[x] Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: If warranted, FSSA Compliance may make a referral to a local prosecutor or the Office of the Attorney General. In a small number of cases, this has resulted in a court ordered restitution.**
- vii. **[x] Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: The Lead Agency has a unit to investigate fraud for CCDF and other state and federal programs, this unit is FSSA Compliance.**
- viii. **[] Other. Describe the activities and the results of these activities:**

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

[] No.

[x] Yes.

If yes, check and describe below 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.

- i. **[x] 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 most recent analysis: 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.**
- ii. **[x] 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 based on the most recent analysis: **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. **[x] Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: 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 Department of Revenue for state tax intercept.**
- iv. **[x] Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: For CCDF providers that owe the Lead Agency money due to an improper payment due to unintentional program violations violation they also have the option to reduce future weekly CCDF reimbursement until the debt is paid in full.**
- v. **[x] Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: 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 Department of Revenue for state tax intercept.**
- vi. **[] Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:**
- vii. **[x] Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: The Lead Agency has a unit to investigate fraud and other program violations for not only CCDF but other state and federal programs. 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.**
- viii. **[] Other. Describe the activities and the results of these activities:**

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

[] No.

[x] Yes.

If yes, 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. **[x] 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 most recent analysis: **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.**

- 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 based on the most recent analysis: **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 based on the most recent analysis: **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 Department of Revenue for state tax intercept.**
- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **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 until the debt is paid in full.**
- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **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 Department of Revenue for state tax intercept**
- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **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.**
- viii. Other. Describe the activities and the results of these activities:

e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

- i. Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **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.

- ii. **[x] Disqualify the provider.** Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **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.

While we continue to disqualify providers as warranted, we have not seen an increase in recent years.

- iii. Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **Based upon the results of the investigation a case may be referred to the State Attorney General or for local or federal prosecution. We have seen an increase in the number of prosecutions and convictions although the total number of cases is small.**
- iv. Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		