Child Care and Development Fund (CCDF) Plan
For
Indiana
FFY 2019-2021

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1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems, and outline the work they have done on their disaster preparedness and response plans.

1.1 CCDF Leadership

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

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

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a)).

Effective Date: 10/01/2018

a) Lead Agency or Joint Interagency Office Information:

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

Street Address: 402 W Washington Street, Rm W461

City: Indianapolis

State: Indiana

ZIP Code: 46204

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

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Jennifer

Lead Agency Official Last Name: Walthall

Title: Secretary

Phone Number: 317-233-4690

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

1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

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a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Nicole

CCDF Administrator Last Name: Norvell

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

Phone Number: 317-234-3313

Email Address: Nicole.Norvell@fssa.in.gov

Address for the CCDF Administrator (if different from the Lead Agency):

Street Address: 402 W Washington Street, Rm W361

City: Indianapolis

State: Indiana

ZIP Code: 46204

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

CCDF Co-Administrator First Name: NA

CCDF Co-Administrator Last Name: NA

Title of the CCDF Co-Administrator: NA

Description of the role of the Co-Administrator: NA

Phone Number: NA

Email Address: NA

Address for the CCDF Co-Administrator (if different from the Lead Agency):

Street Address: NA

City: NA

State: NA

ZIP Code: NA

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 it retains overall responsibility for the administration of the program (658D(b)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

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

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- [x] All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- [ ] Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

1. 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).

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

   - [ ] Other.

   Describe:

2. Sliding-fee scale is set by the:

- ☐ State or territory
- ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).

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

- ☐ Other.

Describe:

3. Payment rates are set by the:

- ☐ State or territory
- ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).

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

- ☐ Other.

Describe:

4. Other. List and describe other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices):

1.2.2 How is the CCDF program operated? In other words, which entity(ies) implement or perform these CCDF services? Check all that apply

Effective Date: 10/01/2018

a) Who conducts eligibility determinations?

- ☐ CCDF Lead Agency
- ☐ Temporary Assistance for Needy Families (TANF) agency

- [ ] Other state or territory agency
- [ ] Local government agencies, such as county welfare or social services departments
- [ ] Child care resource and referral agencies
- [ ] Community-based organizations
- [x] Other.

Describe

Lead Agency contracts with ten (10) community based non profit agencies (Intake Agents) around the state. Each of these non profit agencies has a specific region in which they are responsible for processing CCDF applcations and authorizations.

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

- [x] CCDF Lead Agency
- [x] TANF agency
- [ ] Other state or territory agency
- [x] Local government agencies, such as county welfare or social services departments
- [x] Child care resource and referral agencies
- [x] Community-based organizations
- [ ] Other.

Describe

c) Who issues payments?

- [ ] CCDF Lead Agency
- [ ] TANF agency
- [ ] Other state or territory agency
- [ ] Local government agencies, such as county welfare or social services departments
- [ ] Child care resource and referral agencies
- [ ] Community-based organizations
- [x] Other.

Describe

The Lead Agency contracts with a statewide vendor to make payments to CCDF

childcare providers based on attendance data. These payments are made through direct deposit.

1.2.3 Describe the processes the Lead Agency uses to monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2, including written agreements, monitoring and auditing procedures, and indicators or measures to assess performance of those agencies (98.16(b)). 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, tasks to be performed, schedule for completing tasks, budget which itemizes categorical expenditures in accordance with CCDF requirements, and indicators or measures to assess performance (98.11(a)(3)).

Effective Date: 10/01/2018

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

1.2.4 Lead Agencies must assure 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 must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)).

Effective Date: 10/01/2018

Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate.

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

Effective Date: 10/01/2018

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

Effective Date: 10/01/2018

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

The Lead Agency requires boiler plate language forthe Lead Agency contracts and grants used to administer CCDF funds. This boiler plate language includes Section 12. Confidentiality, Security and Privacy of Personal Information, This required boiler plate section outlines and includes the language that disclosure of confidential and personally-identifiable information is prohibited. (contract language available upon request). The 805 application states, "I understand information concerning my family regarding the CCDF voucher program and the services I receive, will be treated as confidential and will be used solely for the administration of the CCDF voucher program." An applicant's or co-applicant's

questions regarding a CCDF child care provider's ineligibility should be referred to the provider. Some denials or revocations may be based on confidential information.

Effective Date: 10/01/2018

1.3 Consultation in the Development of the CCDF Plan

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

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

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

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

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

1.3.1 Describe the Lead Agency's consultation in the development of the CCDF plan.

Effective Date: 10/01/2018

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

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

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

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

c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for States to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many States and Tribes have consultation policies and procedures in place.

The Pokagon Band of Potawatomi Indians in Michigan administers limited funds to Indian families residing in Indiana. The Lead Agency consulted with a representative from the Pokagon Band of Potawatomi Indians on the development of the State Plan and incorporated feedback into the plan. The Lead Agency also shared our market Rate Study with the Pokagon band of Potawatomi for purposes of setting rates.

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

OECOSL consults with the Indiana Department of Education (IDOE) through monthly planning meetings. During these meetings, the Lead Agency shared the State Plan and

received feedback which was incorporated into the plan. OECOSL and IDOE engaged in numerous cross-agency initiatives related to early childhood and out-school time. For example, OECOSL has worked with IDOE on workforce and professional development activities over the course of the last several years. In addition, OECOSL has assisted IDOE financially and through planning to update the state's early childhood assessment ISTAR-KR. OECOSL has also worked with IDOE and is now funding a dual position that is housed at IDOE and jointly supervised to support public schools as they become more involved in the state funded Pre-k program, On My Way Pre-k. Lastly, OECOSL supports public school preschool programs through the Indiana Accreditation Project and supports public school preschool teachers through the T.E.A.C.H. Early Childhood® INDIANA scholarships as well as state agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Act (Part C for infants and toddlers and Section 619 for preschool). The OECOSL Director is an appointed member of the Inter-Coordinating Council (ICC) for Indiana's IDEA Part C early intervention program (First Steps). The Lead Agency provided the State Plan to the Director of First Steps for feedback and incorporated feedback into the plan as well as to state/territory institutions for higher education, including community colleges. 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 State Plan to members of the Higher Education Forum and requested feedback that was incorporated into the State Plan. The Forum membership includes representatives from the state community college system and other 2- and 4-year higher education institutions. The Indiana Head Start State Collaboration Office (IHSSCO) is housed within the Lead Agency, which allows for close collaboration on system building initiatives between Head Start, Early Head Start, Child Care, State funded Pre-K, and the Early Head Start-Childcare Partnerships. The IHSSCO has been directly involved in drafting the State Plan. State/Territory office/director for Head Start State collaboration OECOSL and the IHSSCO have worked closely with the EHS-CC Partnership grantees to support the success of these partnerships through collaborative coaching and technical assistance and the use of CCDF subsidies to support full day/full year services. The Lead Agency meets with the EHS-CC Partnership grantees. The State Plan was shared with the EHS-CC Partnership grantees, and the feedback provided was incorporated into the State Plan. OECOSL/IHSSCO funded an implementation study in 2015 to learn more about the EHS-CC Partnerships with the hope that these partnerships can be expanded throughout

the State. Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. The Lead Agency is committed to the development of a high quality mixed delivery system that is inclusive of a wide variety of agencies serving children and youth. OECOSL consults regularly with child and youth serving agencies including the Indiana After School Network, United Ways of Indiana, and three Child Care Provider Advisory Groups representing a wide range of provider types. The Lead Agency presented the State Plan to these groups to gain feedback, and the feedback was incorporated into the State Plan. The Lead Agency contracts with Child Care Resource and Referral agencies and the Child Care Resource and Referral Central Office (CCR&RCO) to improve family access to high quality, affordable child care. This includes provider enrollment and technical assistance in the State's QRIS, Paths to QUALITY (PTQ); licensed provider recruitment and trainings; community awareness; parent resources and referrals; work-life solutions; and targeted training and technical assistance related to infant/toddler care and inclusion. The Lead Agency contracts with the Indiana Association for the Education of Young Children (IAEYC) for professional development systems planning, provider career counseling, and education and professional development training. This is done through the T.E.A.C.H. Early Childhood® INDIANA project, CDA non formal training, an annual Indiana Early Childhood Conference, and provider support for accreditation. The Lead Agency consults with State and local health departments on a variety of health concerns related to child care including immunizations, prevention of illness, prevention of lead poisoning, and appropriate actions when unexpected health concerns arise. The Lead Agency recently partnered with the Indiana State Department of Health to support their application for the Help Me Grow project, which they were awarded.. The Lead Agency has supported the implementation of the Infant Mental Health Endorsement (IMH-E) and initiatives designed to improve access for providers and families to mental health consultants and mental health training opportunities. This has most recently included putting together a team of individuals from Indiana to work on systems building and identification of barriers to mental health services for Hoosier children. The Lead Agency consults with a variety of school age care organizations, including the Indiana Afterschool Network and the Indiana Youth Services Association. This collaboration yielded positive legislative changes to ensure that Preschool children, being served in a public school, had access to high quality before and after school care. State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant Indiana State Department of Health, Maternal and Child Health Division administers the MIECHV funds. Two thirds of

MIECHV goes to support Healthy Families Indiana. The remaining funds support Goodwill's Nurse Family Partnership. Healthy Families Indiana is administered by the State's child welfare agency, the Department of Child Services. The Lead Agency is a member of the Indiana Home Visiting Advisory Board (INHVAB) which is the state advisory board for MIECHV. The Lead Agency works in collaboration with both organizations on outreach to families on the importance of high quality early education, PTQ, and the CCDF subsidy program. Home visiting is also a focus point for the Indiana Early Learning Advisory Council. The ELAC was instrumental in the Indiana State Department of Health's application for Help Me Grow and will serve as an advisory group for Help Me Grow during its implementation. The Lead Agency consults with the McKinney-Vento State coordinators for Homeless Education and the McKinney-Vento state coordinator through the Indiana Early Learning Advisory Committee (ELAC) workgroups and the Indiana Inter-Agency Coordinating Council for First Steps. The Lead Agency presented the State Plan to these committees and received feedback which was incorporated into the State Plan. Examples of collaboration include the development and ongoing training and technical assistance through Child Care Resource and Referral outreach for providers on serving families and children experiencing homelessness. The Lead Agency also partners with the State/Territory agency responsible for mental health The State agency responsible for mental health in Indiana is the Division of Mental Health and Addiction (DMHA) in the Indiana Family and Social Services Administration (FSSA). The Lead Agency is housed within the same agency (FSSA) and coordinates with DMHA on efforts and issues contained within the State Plan, including the support of local Systems of Care and local early childhood collaboritives. OECOSL has been an active participant on the Indiana System of Care Governance Board and provided input on how the two areas can collaborate on behalf of families. OECOSL has also led a team from OECOSL, the Department of Mental Health and Addictions (DMHA), the Department of Children's Services, the Indiana State Department of Health, the Office of Medicaid and other outside professionals to participate in a Zero to Three® Technical assistance opportunity to explore how to improve the availability and funding for infant and early childhood mental health consultation. OECOSL has also supported efforts, like Parent Café Trainings through the local Child Care Resource and Referral Agencies in order to ensure that proper supports are provided between OECOSL and DMHA. In addition to the above noted supports and collaborations,the HSSCO is working in partnership with the Indiana Head Start Association to provide Infant Mental Health Endorsements for 10 Head Start/Early Head Start Home Visitors in FFY 18, and another

10 in FFY 19. Infant Mental Health Endorsement (IMH-E)® is a credential that can be earned by anyone working with or on behalf of very young children and their families, with a focus on strengthening and supporting early relationships that are so crucial to a child's social and emotional development. Endorsement® by Infancy Onward will verify that an applicant has acquired knowledge to promote the delivery of high quality, culturally sensitive, relationship-focused services to infants, toddlers, parents, other caregivers and families. Each staff member who received the endorsement will be presenting out to a group of their peers at the annual summer leadership institute regarding how the endorsement has helped to improve their practices with children and families.

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

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

Effective Date: 10/01/2018

a) Date of the public hearing. 05/22/2018

Reminder: Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g. the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in (a). 05/01/2018

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

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

There were actually three dates for public hearings: Tuesday, May 22, 2018; Wednesday, May 23, 2018 and Tuesday, June 5, 2018, and the date of the public notice was May 1, 2018. A public notice was sent out to newspapers across the State, and a notice was also posted on http://www.in.gov/fssa/2552.htm along with the draft of the State Plan. A request could be made to have a coy of the State Plan mailed. The Lead Agency held three, regional hearings. One hearing was held in the Northern region of the State on Wednesday, May 23, 2018 from 6:30-8:30 pm at The Main Stage, Inc, 122 N.Main Street, Mishawaka, IN 46544. One hearing was held in the Central region of the State on Tuesday, June 5, 2018 from 6:00-8:00 pm at Early Learning Indiana, the Richard Scarry Room, 1776 North Meridian Street, Indianapolis, IN 46202. And, one hearing was held in the Southern region of the State on Tuesday, May 22, 2018 from 6:30-8:30 pm in the Community Room of Jackson County, 107 Community Drive, Seymour, IN 47274. The locations of the public hearings are accessible to persons with disabilities.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The Lead Agency held three, regional hearings. One hearing was held in the Northern region of the State on Wednesday, 5/23/18from 6:30-8:30 pm at The Main Stage, Inc, 122 N.Main Street, Mishawaka, IN 46544. One hearing was held in the Central region of the State on Tuesday, June 5, 2018 from 6:00-8:00 pm at Early Learning Indiana, the Richard Scarry Room, 1776 North Meridian Street, Indianapolis, IN 46202. And, one hearing was held in the Southern region of the State on Tuesday, May 22, 2018 from 6:30-8:30 pm in the Community Room of Jackson County, 107 Community Drive, Seymour, IN 47274.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.) The State Plan is posted on the OECOSL website at http://www.in.gov/fssa/2552.htm, and a request can be made to have a copy of the State Plan mailed.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? The Lead Agency carefully considered all comments, written and oral, received about the State Plan and will modify the draft as appropriate.

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

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

The state plan is availabe at this website: https://www.in.gov/fssa/carefinder/3900.htm

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

☑ Working with advisory committees.

Describe:

The State Plan was shared with the Early Learning Advisory Council through a presentation during an ELAC meeting. Additionally, a link to the State Plan with information on how to make comments is posted on the ELAC website: http://www.elacindiana.org/ as well as on the state OECOSL website: http://www.in.gov/fssa/2552.htm. Copies of the State Plan and amendments will also be made available to the Provider Advisory Groups. In addition to the presentation made at the public meeting of the Early Learning Advisory Committee during an ELAC meeting, there were also three public presentations were also made to groups of stakeholders including Head Start programs, CCR&R staff, IAEYC staff and other child advocacy organizations. There were also two (2) Facebook Live sessions were held in order to discuss the plan with families and childcare providers and answer questions about the plan.

☑ Working with child care resource and referral agencies.

Describe:

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

☐ Providing translation in other languages.

Describe:

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

Describe:

The Lead Agency will utilize FSSA social media resources including Twitter to make the public aware of the public hearings, State Plan, and any amendments. The Lead agency will also utilize Facebook accounts of the local CCR&R Agencies to make the plan and amendments available. Lastly, the State will utilize the email addresses that are available to send out information to families, providers, and other stakeholders. The Lead Agency also held two (2) Facebook Live sessions to discuss the plan with families and childcare providers and answer questions about the plan.

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

Describe:

Copies of the draft State Plan and amendments will be emailed to key stakeholders.

☐ Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with

disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

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

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

Include in the descriptions the goals of this coordination, such as:
- -- extending the day or year of services for families;
- -- smoothing transitions for children between programs or as they age into school;
- -- enhancing and aligning the quality of services for infants and toddlers through school-age children;
- -- linking comprehensive services to children in child care or school age settings; or
- -- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

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

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☑ (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns.

Describe the coordination goals and process:

Indiana is committed to developing a high quality mixed delivery early education system that coordinates available funding and services across agencies and providers that supports families with services that meet their families' and children's needs. The Lead Agency administers the State's publicly funded pre-K initiatives: the On My Way Pre-K pilot program. It is mandated that these pre-K initiatives include a include a variety of high quality provider types including public and non-public schools, licensed centers and licensed family homes, Head Start programs and faith-based registered ministries. The Lead Agency has worked closely with the Indiana Early Learning Advisory Council (ELAC), the Indiana Department of Education, the Association of

Non-public Schools, Head Start and other local community based providers, the local CCR&R agencies, local United Way agencies, local education collaborative, foundations and other philanthropic organizations to expand high quality cross-sector provider capacity. OECOSL will continue to work closely with these groups through the issuance of capacity building grants, coordinated technical assistance, and cross-training to increase family access to high quality early care and education programs. PTQ, the State's quality rating and improvement system, is the framework for quality improvements for all provider types including those participating in the state funded pre-k initiatives as well as Infant/Toddler served in homes and facilities. State funded pre-k programs must be rated Level 3 or 4 on PTQ (with the exception of On My Way Pre-K programs located in non-public schools which must be Pre-K accredited by a regional or national approved pre-k accrediting body).This common definition of high quality and the support provided through the PTQ system allow for effective cross-sector quality improvements. There are many benefits to the utilization of a common definition and measure of high quality. PTQ rates the entire program, not just the preschool classrooms. Therefore, as a program's quality rating level increases with the goal of pre-k participation, all children in the program benefit from the increased quality of services provided. Coordinated efforts designed to increase PTQ participation and level advancements will continue throughout the next three years with a specific focus on areas of the State that have little access to high quality early education. The Lead Agency collaborates with Head Start, Title I, IDEA part B, and the CCDF voucher system and other available funding streams to maximize available resources and provide full day/full year services as needed by families. This includes local technical assistance, in partnership with IDOE and the IHSSCO, on layering funds and how to develop partnerships that promote full day/full year services. The technical assistance will continue to expand throughout more local areas over the next three years. The Lead Agency also collaborates with local preschool initiatives to provide seamless, no-wrong door services for families. OECOSL continues to partner with the City of Indianapolis on the Indy Preschool Scholarship Program (Indy PSP). OECOSL works collaboratively with the administrator of this program, United Way of Central Indiana, to align services offered by On My Way Pre-K and the Indy PSP. Collaborative efforts include shared application and branding, shared data system, and shared eligibility processes for both families and providers. This collaborative effort has served as a model for other local city officials who want to invest in high quality preschool and early education. In addition to this collaborative work done to

support state funded pre-k efforts, the Lead Agency partners with the IDOE and Head Start, through the IHSSCO on multiple initiatives designed to better support families with preschoolers by improving transitions to Kindergarten; improving school readiness by aligning of the State's Early Learning Guidelines and QRIS standards. This also includes partnerships with statewide and community school age organizations.

☑ (REQUIRED) State Advisory Council on Early Childhood Education and Care (or similar coordinating body) (pursuant to 642B(b)(I)(A)(i) of the Head Start Act).

Describe the coordination goals and process:

The Director of the Lead Agency and the IHSSCO director are appointed members of the Indiana Early Learning Advisory Council. The ELAC has convened seven additional workgroups to provide policy recommendations across all aspects of early learning. The Lead Agency staffs the ELAC and has lead agency staff assigned to each of the workgroups. The ELAC has been instrumental in providing support and recommendations to the Lead Agency on the Suspension/Expulsion policy as well as ways in which to meet the consumer education requirements. Goals for this coordination over the next three years include activities related to the coordination of all early childhood systems, using Help Me Grow as a catalyst to the work, redesigning the OECOSL coaching supports to meet the needs of all programs within the system, collaborating on the creation of a state wide plan to support the professional development needs across ECE systems, and creating a comprehensive report on the needs of Indiana's ECE system.

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

☑ (REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes.

Describe the coordination goals and process, including which tribe(s) was consulted:

The Lead Agency consults with a representative from the Pokagon Band of Potawatomi Indians on the development of the State Plan and has shared the Market Rate Study for purpose of setting rates.

☐ N/A-There are no Indian tribes and/or tribal organizations in the State.

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

Describe the coordination goals and process:

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 has entered into an agreement by which quality funds are being used to assist the IDOE in updating the Indiana Standards Tool for Alternate Reporting of Kindergarten Readiness (ISTAR-KR) to better support the collaboration between programs.

☑ (REQUIRED) State/territory office/director for Head Start state collaboration.

Describe the coordination goals and process:

The IHSSCO is located within the Lead Agency. The Lead Agency and the IHSSCO director have identified increasing full day, full year services statewide, enhancing data collection and analysis to improve school readiness outcomes, and increasing Head Start participation in PTQ, CCDF and state funded pre-k as primary goals for the next three years. The Lead Agency will explore the option of partnering with Head Start and Early Head Start programs willing to extend hours to CCDF eligible families through contracted slots. This would allow for layering of resources and support linkages to comprehensive services. The IHSSCO will help facilitate a smooth transition from Head Start to child care by aligning the Head Start Early Learning Outcomes Framework and the Indiana Early Learning Foundations and aligning the new Head Start Performance Standards with child care licensing and PTQ. Collaboration with the IHSSCO will also explore joint training opportunities and other strategies for increasing

Head Start/Early Head Start participation in licensing and PTQ. The goals of joint training and increased QRIS participation are to reduce duplication of efforts and streamline services for families.

☑ (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations.

Describe the coordination goals and process:

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.

☑ (REQUIRED) State/territory agency responsible for employment services/workforce development.

Describe the coordination goals and process:

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

☑ (REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK).

Describe the coordination goals and process:

The Lead Agency partners with the Indiana Department of Education (IDOE) on multiple initiatives including state funded pre-k; improving transitions to Kindergarten;

improving school readiness by aligning the State's Early Learning Guidelines and QRIS standards. OECOSL worked with public school representatives to create a tool to assist public schools in understanding the eligibility process in order to increase public school participation in the CCDF and Pre-k program. The results of this work can be found at: http://providers.brighterfuturesindiana.org/ . Goals for the next three years include expanding local partnerships between public schools and community based programs to expand family access to full day/full year services, enhancements to the state's online I-Star KR, kindergarten readiness assessment tool, increased public school participation in PTQ and the development of additional cross-training opportunities on dual language learners and family engagement.

☑ (REQUIRED) State/territory agency responsible for child care licensing.

Describe the coordination goals and process:

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 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.

☑ (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs.

Describe the coordination goals and process:

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.

☑ (REQUIRED) McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons.

Describe the coordination goals and process:

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 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 homeless. OECOSL will continue to provide training and technical assistance through the local Child Care Resource and Referral to child care providers serving families who are homeless. The three year goal is to increase providers' knowledge and skills around serving children and families who are homeless.

☑ (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program.

Describe the coordination goals and process:

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

☑ (REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program.

Describe the coordination goals and process:

The division responsible for the administration of Medicaid is housed within the same agency (FSSA) as the Lead Agency. Shared goals for the next three years include increasing the number of families and children insured through one of the Medicaid

supported programs. This will result in more children with access to recommended screenings and well child visits. The Lead Agency is also working to increase provider and CCDF client awareness of the availability of health insurance through Medicaid and the importance of regular screenings for children through EPSDT as recommended by the AAP/Bright Futures.

☑ (REQUIRED) State/territory agency responsible for mental health

Describe the coordination goals and process:

Over the next three years, the Lead Agency will be working in partnership with the Division of Mental Health and Addiction to increase provider and family awareness of the importance of early childhood mental health, to increase access to mental health services for families, and to provide additional mental health related trainings to providers. Indiana FSSA has recently launched the "Know the O" program which provides information, referrals, and treatment information for families struggling with addiction. This campaign will support families and children insuring access to interventions and mental health supports.

☑ (REQUIRED) Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development.

Describe the coordination goals and process:

Indiana's coordinated interagency network of ECE provider supports consists of 5 CCR&R Agencies, the CCR&R CO, the Indiana Association for the Education of Young Children (IAEYC) and SPARK Learning Lab. These agencies make up a network of supports that are contracted to support the implementation of the state plan. The CCR&R network provides extensive support including provider recruitment and enrollment, parent training through consumer education referrals to ECE programs, research and surveys within their catchment areas to determine strategies for connecting families to needed supports, facilitate the sharing of best practices with ECE programs, support the implementation of the statewide family engagement 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 TEACH scholarship program, the CDA project and accreditation project. The goals for these partnerships over the next three years include insuring that CCR&R services better meet the holistic needs of families and children and the expansion of provider trainings that are high quality, stackable and sequential, as well as providing assistance with the implementation of increased health and safety standards for providers. Ongoing goals include increased PTQ enrollment, technical assistance, training, and other supports to assist providers of all types in continuous quality improvement through the levels of PTQ. Other three year goals include the development and support of local early education collaborative and enhancing partnerships between CCR&R, local CCDF Intake Agents, and TANF/IMPACT offices to ensure that low income families are aware of and have access to CCR&R services and information regarding the CCDF Voucher program and PTQ.

☑ (REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable).

Describe the coordination goals and process:

OECOSL collaborates with the Indiana After School Network through regular meetings as well as presentations. Meetings have focused on out of school time programs administered through OECOSL and the Indiana Department of Education to ensure that programs are not duplicated and are serving the needs of families. This collaboration has also yielded changed legislation, fostered by OECOSL, to support the needs of preschool families to access before and after school care. OECOSL also funds, through its CCR&R network, school age specialist who collaborate with IAN, to provide support to local ECE programs. Goals for this collaboration over the next three years include increasing education to families about the quality of out of school time program they are choosing for their child, analysis of licensing requirements that may not meet the needs of out of school time programs, and coordination of training systems to better support out of school time programs.

☑ (REQUIRED) Agency responsible for emergency management and response.

Describe the coordination goals and process:

The (OECOSL), a division of the FSSA is responsible for coordinating this plan. Planning for the continuation of child care services is vitally important to communities; it builds community resilience by reducing potential lost revenue for families and child

care providers by addressing the child care needs of workers. Having prepared service providers reduces the disruption to normal routines and supports healthy child development. This Indiana Child Care Emergency Preparedness and Response Plan is not meant to replace any existing State of Indiana plans, but it is an adjunct or addendum to those plans. This Plan outlines the roles and responsibilities of OECOSL and key supporting agencies to prepare for, respond to, and recover from a disaster that significantly impacts a community's child care infrastructure. The terms "emergency" and "disaster" are used interchangeably and include both natural or human caused events and other emergencies which may impact the daily business of child care. This plan outlines the roles and responsibilities of OECOSL to continue regulatory and financial support to child care providers and families in times of disaster. The Plan includes the roles and responsibilities of partner organizations who deliver critical services and support to children, families and child care providers in the event of a disaster. Key emergency response functions relating to child care are: 1) Support the safety and well-being of children in child care, 2) Provide technical assistance for the provision of temporary or emergency child care, 3) Continue child care subsidy payments to providers, 4) Continue eligibility determinations and subsidy authorizations to families, 5) Disseminate information to providers and families regarding disaster assistance and recovery, 6) Participate in State disaster response activities which may occur at the direction of the Indiana Department of Homeland Security (IDHS) or the Governor, 7) Coordinate with other state agencies, including but not limited to, Indiana Department of Homeland Security, Indiana State Department of Health, and Indiana Department of Education to create guidelines and rules for child cares to prepare for disaster and recovery, and 8) Coordinate with partner organizations, including but not limited to, the Indiana Department of Education, Indiana De 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 following are examples of optional partners a state might coordinate with to provide services. Check all that apply.

- [x] State/territory/local agencies with Early Head Start - Child Care Partnership grants.

Describe

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

☑ 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. Goals for the partnerships with higher education through the Forum include improved program quality through the alignment and improvement built on the Indiana Early Learning Foundations, IN Early Learning and Out of School CKC's at the credit and non-credit levels. The Lead Agency's work with the Indiana Early Childhood Higher Education Forum will result in the successful implementation of articulation agreements to ensure that Indiana child care providers can maximize their competence, educational opportunities and have a clearly defined career pathway. Additionally, over the next three years the in EC Higher Education Forum will work towards the implementation and evaluation of the recommendations in the 2015 IN Early Childhood Higher Education Inventory.

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

Describe

Goals for the next three years include expanding the number of partnerships in place between the Lead Agency and other state, local, and private agencies. This collaboration has already begun with the partnership between OECOSL and a State University to pilot a texting project related to virtual technical assistance. These types

of partnerships will continue in order to find innovative strategies for supporting programs and families. OECOSL will utilize the Indiana Early Learning Advisory Council to assist in supporting local coalitions designed to address the needs of children and families and those agencies that serve these families and children. Additionally, the Lead Agency will work towards establishing additional initiatives to support two generation approaches to poverty reduction through partnerships with workforce development agencies and child care and out-of-school time programs. The Lead Agency will continue to work through partnerships, such as the Indiana Partnerships for Early Learners, to continue to expand access to and capacity of high quality programming.

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

Describe

The Lead Agency is a core partner in the Early Childhood Comprehensive Systems (ECCS) grant, the Indiana Home Visiting Advisory Board (INHVAB), as well as the now ended Project LAUNCH. The Indiana Home Visiting Board is providing direction for MIECHV, including coordination efforts between home visiting and child care. http://in.gov/isdh/files/INHVAB%20ECCS%20State%20Meeting%20Notes%2010.30.17.pdf . Three year goals for this collaboration include coordination of home visiting services and increased awareness of PTQ and the CCDF subsidy program by home visitors that will result in more children from families participating in home visiting enrolled in high quality early care and education programs. Additionally a goal supported by MIECHV, ECCS and the Lead Agency is the roll out of Help Me Grow® in the nine MIECHV counties and the Indianapolis area Promise Zone. http://in.gov/isdh/files/Help%20Me%20Grow%20newsletter%20-%20March%202018%20Updated.pdf .

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

Describe

The division responsible for the administration of Medicaid is housed within the same agency (FSSA) as the Lead Agency. OECOSL has lead an initiative with the support of Zero to Three, to assess the States policies and procedures that may inhibit access to EPSDT screenings. The Office of Medicaid has been a vital part of that team and

the work has allowed members to begin to assess barriers. Shared goals for the next three years include increasing the number of families and children insured through one of the Medicaid supported programs. This will result in more children with access to recommended screenings and well child visits. The Lead Agency is also working to increase provider and CCDF client awareness of developmental milestones through its consumer education website Brighter Futures. This information will allow families to better understand the milestones at each age group and utilizes the information from the Centers for Disease Controls "Learn the Signs, Act Early" information. In addition, OECOSL has embedded the CDC information into its consumer education process at the point of eligibility and will be using that information to support families in gaining access to needed services. This series of questions will be asked at initially eligibility as well as at reauthorization to ensure that families have continual opportunities to connect to resources.

☑ State/territory agency responsible for child welfare.

Describe

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

☑ State/territory liaison for military child care programs.

Describe

The Lead Agency had maintained contact with the State Liaison for planning and coordination of systems. Given that the program has been dissolved, OECOSL works with the Child Care Resource and Referral agencies as well as the central office for CCR&R to assess needs and connect families with the appropriate supports.

☑ Provider groups or associations.

Describe

The Lead Agency meets with the Child Care Licensed Center Advisory Group, Child Care Registered Ministry Advisory Group and the Child Care Licensed Home Advisory Group quarterly in order to keep open lines of communication for providers to contribute to planning and problem solving and for the Lead Agency to better understand the opportunities and challenges providers face at the local level. Future goals for this collaboration are for the State to remain responsive to provider needs and to ensure the successful implementation of new standards and requirements.

☑ Parent groups or organizations.

Describe

The Lead Agency, through its partners and the Child Care Resource and Referral agencies, facilitates many aspects of parent engagement including parent café's and direct outreach to families. The goals for this work include increasing participation from families in the Early Learning Advisory Council as well as incorporating family feedback into OECOSL policies and procedures.

☑ Other.

Describe

The Indiana Nurse Health Consultant Program is housed within the Lead Agency. Goals include an increase in free webinars and live trainings for providers on relevant health, safety and nutrition topics. Nurse Consultants are available to consult with early care and education providers and families by phone or email. Nurse consultants collaborate with Child Care Resource and Referral Agencies to create trainings. In addition the Nurse Consultants represent the Lead agency on multiple work groups and committees. A Nurse Consultant sits on the planning committee for the Nemours grant and on the Indiana Healthy Weight Initiative. The three year goals of these

collaborative efforts include increasing the physical activity opportunities in early care and education and an increase of the number of child care programs that actively participate in initiatives such as Let's Move and Jump IN. A Nurse Consultant sits on the Indiana Healthy Weight Initiative and the Department of Education's Farm to Preschool workgroup to increase healthy eating options and reduce obesity in early care and education. A Nurse Consultant collaborates with the Indiana State Department of Health Food Protection Program to ensure safe acquisition, storage, preparation and service of meals and snacks in early care and education environments. A Nurse Consultant sits on the CACFP Advisory Committee to ensure alignment between Licensing, PTQ and other OECOSL activities and CACFP and to promote program education to early care and education providers and families. A Nurse Consultant collaborates with the Indiana State Department of Health Immunization program. Goals for these efforts are to increase the vaccination rates for children and adults working with children. A Nurse Consultant sits on the Improving Kids' Environment and Indiana Healthy Homes Coalition and the Indiana Joint Asthma Coalition. The goals of these programs is to ensure healthy environments for children which will result in a reduction of conditions such as lead poisoning and asthma. A Nurse Consultant works with Improving Kids' Environment/Indiana Healthy Homes Coalition and the Indiana Department of Environmental Management to provide educational information to early care and education providers on the subjects of integrated pest management, indoor air quality, and greener cleaning. A Nurse Consultant sits on the Indiana Oral Health Coalition. Goals for this program is to increase the number of children receiving oral health screenings and care so to see a reduction in the percentage of children with dental caries and serious decay. A Nurse Consultant sits on the Indiana Inter-Agency Autism Coordinating Council, the Indiana Council for Individuals with Disabilities, works with the Indiana Institute of Disability and Community, and Act Early Indiana to improve rates of developmental monitoring and screening so that children in early care and education can benefit from early intervention. A Nurse Consultant sits on the Indiana Perinatal Quality Improvement Collaborative. This agency has a number of goals which include: reduction in deaths from unsafe sleep environments and encouraging early care and education providers toward breastfeeding friendly practices to increase the length of time infants are breastfed. A Nurse Consultant sits on the Early Learning Advisory Council, subcommittee of Child Development and Wellbeing. Activity and goals for this committee include, service as an advisory group for Help Me Grow Indiana,

development of a presentation on the importance of early brain development to be used for community engagement opportunities, review and revision of family needs assessment practices by CCDF intake agencies; and development of Indiana's Suspension and Expulsion Policy and the development of complementing supportive guidance for early care and education providers and families. A Nurse Consultant represents the OECOSL on the ISDH/DCS collaboration projects of Indiana Home Visiting Advisory Board and ECCS grant committee. Goals of these programs are to increase targeted services to at risk families to improve early childhood development and outcomes.

1.5 Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds

Optional Use of Combined Funds:
States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services

are provided (Policy and Program Guidance for the Early Head Start ' Child Care Partnerships:

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf
).

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

Effective Date: 10/01/2018

☐ No (If no, skip to question 1.5.2)

☑ Yes. If yes, describe at a minimum:

a) How you define "combine"

OECOSL allows EHS-CC Partnership grantees to layer CCDF funding with Head Start dollars. CCDF will fund the full day/full year care and Head Start funds will provide for additional, comprehensive services. OECOSL also combines funds with the Indiana's On My Way Pre-K program. CCDF will partially fund the pre-k portion of the day and CCDF will fund wrap around care outside of the pre-k portion of the day .

b) Which funds you will combine

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

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

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

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

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

e) How are the funds tracked and method of oversight

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

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

Note:
The Lead Agency must check at least public and/or private funds as matching, even if preK funds also will be used.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

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

Effective Date: 10/01/2018

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

-- If checked, identify the source of funds:

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

-- If known, identify the estimated amount of public funds that the Lead Agency will receive: $

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

-- If checked, are those funds:

☐ donated directly to the State?

☐ donated to a separate entity(ies) designated to receive private donated funds?

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

-- If known, identify the estimated amount of private donated funds that the Lead Agency will receive: $

☑ State expenditures for preK programs are used to meet the CCDF matching funds requirement.

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

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

Both the On My Way Pre-K and CCDF are housed within OECOSL. Since On My Way Pre-K is partially funded with CCDF these families have to meet the same eligibility requirement as CCDF families.

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: $ Federal Dollars $10,634,310.08 State Dollars $5,579,00

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

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

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

-- The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).

☐ No

☐ Yes

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

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

-- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care:

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: $

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe the entities with which and the levels at which the state/territory is partnering (level-state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)).

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 the development of a Kindergarten Entry Assessment (KEA), the development, revision and implementation of the State's Early Learning Guidelines (the Indiana Early Learning Foundations), School Age Child Care Grants, education and information that foster public schools enhancing the mixed delivery system, and numerous training and technical assistance efforts. These collaborations have resulted in the identification of a needed resource to support the learning of public schools on the ECE system, and thus OECOSL and IDOE have partnered to fund a full-time resource. Also, OECOSL worked with IDOE and ECE principals to develop a new online resource that is geared at assisting public schools in navigating the regulatory portion of OECOSL. The outcome of this work can be found at

http://providers.brighterfuturesindiana.org/ . This collaboration has also resulted in OECOSL supporting IDOE in the funding of the States Indiana Standards Tool for Alternate Reporting of Kindergarten Readiness (ISTAR-KR). Lastly, IDOE and OECOSL partnered to complete an interface that now allows all ECE professionals to be assigned a School Personnel Number (SPN). The Lead Agency also partners with the United Way of Central Indiana on the Registered Ministry Improvement Project. This initiative is partially funded through a $2.5 million Lilly Endowment grant to the United Way of Central Indiana. The grant supports efforts to strengthen faith-based early childhood programs in Indianapolis and the six surrounding counties including areas of high need. The grant supports targeted capital investments for the creation of new classrooms and high-quality spaces for young children and helps programs improve staff development and strengthen the curriculum. The local CCR&R agency is also a partner and provides focused coaching and technical assistance. The Quality Continuum is used as a strategy in the grant for quality improvement with the goal being an increased number of license-exempt faith-based providers enrolled and growing quality rating levels within PTQ. The Lead Agency also partners with the United Way of Central Indiana on the Family Child Care Home Support Project. This initiative is also partially funded through a $2.5 million Lilly Endowment grant to the United Way of Central Indiana. The grant supports efforts to implement quality improvement strategies for the creation of Family Child Care Home quality improvement networks in high need areas, such as"child care deserts" and neighborhoods /zip codes with high percentages of children living in poverty. The local CCR&R agency is also a partner in this project by providing focused coaching and technical assistance. The Quality Continuum is used as a strategy in the grant for quality improvement with the goal being an increased number of family child care homes enrolled and growing quality rating levels within PTQ. The lead agency is a partner in a new statewide initiative- Partnerships for Early Learners-through Early Learning Indiana that began in 2014. The effort is a $20 million, five-year campaign funded by the Lilly Endowment as a public-private partnership to increase the quality and quantity of early childhood education opportunities across Indiana. The 2020 goal for Capacity Building is to create 1000 high-quality seats that families can afford and communities will sustain. The 2020 goal for Quality Improvement is to improve the quality of 400 early childhood programs in Indiana. Planned work will build upon existing infrastructure such as the State's scholarship and QRIS program, and deepen the practice of critical partners already engaged with child care providers, school systems, teachers, and families. New partnerships will be created between child cares, K-12 schools and school systems, Head Starts, parent engagement programs, pre and post-natal providers, hospitals, and others involved in supporting a child's early

learning. 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 will provide information for families based on Indiana's early learning foundations as well as provide information about licensing, health and safety, and many other early childhood related programs. The partnership with Early Learners has resulted in the funding of a texting project through a Private University to test out the technology as a remote technical assistance component to the States Coaching system. Outlined in HEA 1004, the Indiana State Legislature appropriated money to be used to build capacity within Indiana for high-quality early education preschool environments. A partnership was developed with Early Learning Indiana who allocated additional funding for these grants. The ELI and OECOSL issued a joint application for any community to apply and awarded collectively to communities that demonstrated promising practices that will result in increased access to high-quality ECE programs. OECOSL has partnered with the 20 identified On My Way Pre-k counties to implement the State funded Pre-k in their communities. This has included funding for local Pre-k manager located at the Child Care Resource and Referral Agency and support to local community coalitions focused on early childhood. The Lead Agency partners closely with the City of Indianapolis and United Way of Central Indiana through the Indy PSP and On My Way Pre-K collaboration. This collaboration leverages many different resources including shared branding, a joint application, shared data system, collaborative quality and capacity building and outreach to provide seamless access to preschool services for Indianapolis families and providers. The result of this partnership is that more than 1500 additional preschool age children have access to high-quality programs within the city of Indianapolis.

Effective Date: 10/01/2018

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

Lead Agencies may use CCDF funds to establish or support a system of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined

by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

- If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency, provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.

- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).

- Collect data and provide information on the coordination of services and supports, including services under Section 619 and Part C of the Individuals with Disabilities Education Act;

- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State;

- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, what services are provided and how it is structured and use section 7.6.1 to address the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

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

Effective Date: 10/01/2019

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

☑ Yes. The state/territory funds a CCR&R system. If yes, describe the following:

a) What services are provided through the CCR&R organization?

The Lead Agency contracts with the CCR&Rs to provide the following services: Parent education and referral support. The Lead Agency contracts with 5 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 individualized assistance 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. Supply building efforts: The Lead Agency contracts with 5 local CCR&R Agencies to build quality and supply of child care providers in Indiana. Each local agency utilizes the available provider and family data to identify areas in need of intentional supply and capacity building activities, including building the supply of providers of all types and increasing the supply of infant/toddler care, care available for non-traditional hours, accessibility of pre-k eligible programs and other areas of identified need. The local agencies work to establish partnerships with public and private community partners, including faith-based, public and non- public school based, and community based ECE providers, including Head Start, to increase the supply and quality of services. Local coalition building: Agencies build and support state and local networks through a variety of collaborative outreach activities including but not limited to, local coalition building, participation in local and statewide initiatives, and responding to issues impacting the ECE and OST systems. The Local agencies work to become the recognized local expert in ECE and OST system building responsiveness to community needs and events and are able to participate and provide feedback on local coalitions to continue to move the work forward in a productive and systemic way. Data collection and assessment. Each CCR&R agency is responsible for collecting data for their catchment area to assist in data collection and analysis related to supply and demand issues, family needs, community needs, employer engagement issues, and analysis of that information to inform local and state wide policy development.

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

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

1.8 Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children'including the need for safe child care, before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)'through a Statewide Disaster Plan that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(I)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body:

FSSA and OECOSL Continuous operation plans are in place; plans are managed by the Indiana Department of Homeland Security to address agency essential functions. Child care

benefit management and child care subsidy payments are considered essential functions. Coordination and plans were developed in partnership and collaboration with multiple state and partner agencies, and multiple organizations will come together in collaboration to implement this Disaster Preparedness and Response Plan. Agencies who worked together with the Lead Agency on this plan include the Indiana Department of Homeland Security, the Indiana Department of Health, and the Indiana Department of Education. Additional partners that assisted in the creation of this plan as well as will collaborate in the implementation of this plan include the Indiana Child Care and Resource and Referral Agencies, the American Red Cross, the Salvation Army, the United Way, the 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. Child care benefit management and child care subsidy payments are considered essential functions.

Effective Date: 10/01/2018

1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster:

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 Office ofEarly Childhood and Out-of-School Learning (OECOSL) and key supporting agencies to prepare for, respond to, and recover from a disaster that significantly impacts a community’s child care infrastructure. This includes the roles and responsbilities of OECOSL to continue regulatory and financial support to child care providers and families in times of disaster as well as the roles and responsibilities of partner organizations who deliver critical services and supprot children, families and child care providers in the event of a disaster. 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.

CCDF Intake agencies and operations files are electronic and portable to ensure CCDF implementation after a disaster. Should there be need of a backup procedure, the agency would return to the paper system that was in place prior to automation. The agency assumes that child care is a vital part of community economic viability and recognizes that child care must be available/restored as soon as possible after an event. Each child care resource and referral agency and CCDF intake agency is required to submit annually a plan of continuous operation with their contract. CCDF intake agencies are required to include how enrollment/evaluation for services will be managed with a focus on convenience for families in post disaster operations.

Key emergency response functions relating to child care are:

- Support the safety and well-being of children in child care
- Provide technical assistance for the provision of temporary or emergency child care
- Continue child care subsidy payments to providers
- Continue eligibility determinations and subsidy authorizations to families
- Disseminate information to providers and families regarding disaster assistance and recovery
- Participate in State disaster response activities which may occur at the direction of the Indiana Department of Homeland Security (IDHS) or the Governor
- 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 cares to prepare for disaster and recovery
- Coordinate with partner organizations, including but not limited to, the Indiana Department of Education, Indiana De 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

Effective Date: 10/01/2018

1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services:

The Lead agency tasks Resource and Referral Agencies as well as local licensing consultants and representatives from the Dept of Homeland Security Fire Safety division, to

work with child care providers to assist with swift return to operational status. The agency recognizes that post disaster child care may look very different than prior to the event. Child care may be housed in unconventional locations, shelters, hotel conference rooms or banquet halls. Of upmost importance will be the safety of children and employees.
The Lead Agency has the following procedures outlined for the coordination of post-disater recovery of child care services:

- ***Assessing operating status of providers***

Pre-disaster- during routine survey visits OECOSL field consultants will ensure that child cares have a policy outlining their response to disaster. This policy must address procedures for evacuation, relocation, shelter in place, lock-down, communication with families, continuity of operations, as well as accommodations made for infants and toddlers, children with disabilities and chronic medical needs. These plans must outline the procedures for training staff and volunteers as well as the schedule for practice drills for the four disaster responses. Field consultants will also evaluate for the presence of documentation that the child care practices these procedures as outlined in the Indiana Administrative Code (470 IAC 3-4.7, 470 IAC 3-1.1, 470 IAC 3-18). When possible, such as during periods of potentially damaging weather, OECOSL field consultants will monitor their territories for risks to the child cares therein.Upon learning that a child care has been damaged, OECOSL field consultants will visit the child care to ensure that the facility or home meets the minimum standards for health and safety. 470 IAC 3-4.8-1 outlines the conditions for temporary or emergency closure for child cares of all types. The consultant may engage the assistance of the local IDHS Fire Marshall or local health department employees in determining whether the structure is safe and sanitary. The OECOSL field consultants will remain in close contact with the OECOSL consultant manager for homes or facilities to ensure the Office is aware of the operating status of the damaged child care.

- ***Determine if there is a need for more child care capacity in the disaster area***

OECOSL management will work with the local CCR&R and Intake agencies to determine the needs of a community during disaster. If it is determined that there is a need for additional care, the OECOSL will prioritize applications for new child care sites and personnel.

- ***Removal of permanently closed providers from licensing, CCR&R and CCDF databases***

When a child care building/home is declared to be unsafe and must be closed, the OECOSL will initiate the process of removing these closed providers from the active area of any database. 5 OECOSL 9/29/16 (R1)

- ***Inspect new and existing sites***

When a child care building/home is unsafe and must relocate, the local OECOSL field

consultant will visit the new site for safety. The local IDHS Fire Marshall will need to make a site visit as well. These inspections must be completed prior to allowing any children to be present. New sites will need to be licensed and applications may be "fast tracked" to meet the needs of the community.

- ***Determine if change in existing child care licensing standards and/or policies is needed***

The OECOSL homes/facilities managers will be contacted by the local field consultant should the new/temporary facility not be able to accommodate all of the IC, IAC and policy requirements. Requests for accommodation will be evaluated on a case by case basis. Safety of the children is paramount, and no variances will be allowed which compromise safety or supervision of children.

- ***Share information with partner agencies***

OECOSL will use a variety of methods to share information with partner agencies. These methods include but are not limited to – face to face, telephone, email, written mail, as well as enlisting the assistance of media outlets: radio and television.

The Lead Agency has the following procedures in place for CCDBG Voucher critical activities:

- ***Provide timely and uninterrupted CCDF payments to child care providers***

i. Systems/information technology needed to continue function

1. Automated Intake System (AIS) - TCC

2. EPPIC –Xerox providers are paid through direct deposit

ii. Steps to reestablish function/policies

1. As part of Xerox's contract they have a disaster plan and backup servers in different locations throughout the county so that payment will continue to providers.

2. As part of the TCC contract they have a disaster plan and back up servers so that AIS is available for eligibility

3. Background checks are web based as long as internet is available these can be processed.

- ***Provide uninterrupted CCDF eligibility and authorizations***

i. Systems needed to continue function

1. AIS and Intake Agents

ii. Steps to reestablish function

6 OECOSL 9/29/16 (R1)

1. Each Intake office has a disaster response plan which includes an alternate

location, and a procedure for functioning without electronic records.

2. Providers are paid through direct deposit so if the provider is owed money and their business is closed the provider will still be paid.

- ***Determine if changes to existing CCDF policies and procedures are needed***

1. Should it become apparent after a disaster that a child care cannot meet all CCDF policies and procedures, the CCDF Policy manager will evaluate each situation on a case by case basis. There will be no changes to policy or procedure which compromise the supervision or safety of children.

2. If a CCDF family loses child care due to disaster, CCDF Intake agents and the local CCR&R will assist families to find a new child care which meets their needs as well as CCDF policies and procedures.

The Lead Agency has the following procedures in place for emergency care and communication.

- **Temporary, Respite and Emergency Child Care**

The OECOSL will work with communities and the local IDHS Fire Marshal to ensure the child care needs of the community are met. It is understood that temporary child care sites may be in structures/settings which are not traditionally used for child care. Approval to use these structures/settings is made on a case by case basis by OECOSL Management after inspection by the local OECOSL field consultant and the local IDHS Fire Marshal. It is paramount that the structures/settings do not threaten the safety of the children.

Child care may be needed in a variety of settings post-disaster, including but not limited to:

o Temporary shelter sites, such as American Red Cross shelters, for children accompanied by working parents or legal guardians only.

o Service shelters offering assistance to survivor children without family/foster care options (sibling families)

o New child care locations outside of the disaster zone, both facility and home based.

Things to consider: authority limits of IDHS, OECOSL and DCS. Also:

o Differentiation in state definition for disaster recovery centers vs shelters

o American Red Cross vs Indiana Red Cross vs other NFP organizations involved in disaster response and recovery.

- **Communication**

a. OECOSL will use a variety of means to disseminate information regarding child care following disaster. Field consultants will primarily use telephone in contact with child cares It is likely that telephone will be the primiary method for CCR&R and intake agencies to

connect with OECOSL. All official communiation to the pulbic will be released through the FSSA Office of Communications and Media.

b. Information directed to families may be given to Child Cares to disseminate.

c. The following points will be considered when developing information to disseminate:

i. The disaster's impact on OECOSL/CCDF/CCR&R/IAEYC offices

ii. Impact to the child care infrastructure

iii. Resources needed to resume services

iv. Anticipated time needed (date) to return to a fully operational child care infrastructure post disaster

v. Who makes final administrative (vs gubernatorial and/or legislative) decisions about:

1. CCDF revisions/modifications

2. Child care licensing

vi. After a disaster, a review of the communication protocols must be included in the after action report to determine what can be improved.

Effective Date: 10/01/2018

1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place-evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions:

Indiana requires disaster plans of CCDF providers requiring child cares to practice disaster procedures. The program shall make plans for the protection of children in the event of a disaster,including both natural disasters and man-made events. The provider's plan must include emergency preparedness for emergencies resulting from a natural disaster, or a man-caused event (such as violence at the child care facility), within the meaning of those terms under this section. These plans must include procedures for multiple disasters including but not limited to severe weather including thunderstorms, tornados, ice storms, and blizzards, flooding, earthquake, utility failure, human disease outbreaks, lock-

downs, hazardous spills, missing children, and fire. Provider plans must include procedures for the safety and health of all children, regardless of age, including those with chronic medical conditions and disabilities as well as procedures around communication with families and the reunification of families. These plans also include roles and responsibilities of staff members as well as necessary disaster supplies. Provider disaster plans are reviewed at the time of annual inspection.

Indiana has in place free web based training for child care providers on the need for and considerations in creating a disaster plan as well as a print booklet. Child care licensing, Homeland Security, and Child Care Resource and Referral agencies work together to assist child care providers with finding safe alternative locations for temporary operation after disaster. The following link will take you to the Emergency Response Planning for Child Care Providers Guide. http://www.in.gov/fssa/carefinder/4909.htm .

Effective Date: 10/01/2018

1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers-emergency preparedness training and practice drills as required in 98.41(a)(1)(vii):

The lead agency has employees in place whose duty it is to perform unannounced visits for the purpose of monitoring files to ensure compliance to required training and drills and having in place a comprehensive emergency and response plan. Training and drill logs are checked for compliance at the time of inspection. Inspections are done annually.

Effective Date: 10/01/2018

1.8.6 Provide the link to the website where the statewide child care disaster plan is available:

The following link will take you to the Emergency Response Planning for Child Care

Providers Guide. http://www.in.gov/fssa/carefinder/4909.htm .

Effective Date: 10/01/2018

2 Promote Family Engagement through Outreach and Consumer Education

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

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. In this section, Lead Agencies will address how information is made available to families to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

In this section, Lead Agencies will delineate the consumer and provider education information related to child care, as well as other services, including developmental screenings, that is made available to parents, providers, and the general public and the ways that it is made available. This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency and the manner in which it links to the national website and hotline. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

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

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

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

Effective Date: 10/01/2019

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

Describe:

The local CCR&R, SPARK Learning Lab and CCDF Intake agencies are required to provide outreach toEnglish language learners and to accommodate eligible persons with disabilities or special needs. The accommodations could include going to the person's home to take an application or providing sign language. Partnerships with community based organizations to assist in identifying and providing appropriate accommodations. Coaches with specialized training and skills are available to provide on-site technical assistance as well as group facilitation for child care programs serving children with special needs. Enhanced child care referral services are available to families from the CCR&R to help find a child care provider for their child

with special needs. The Lead Agency hosts a website that shares information about available family and provider supports. The Lead Agency has provided all Intake Agents, CCR&R agencies, SPARK Learning Lab staff and Child Care Licensing Consultants with the "FSSA Resource Guide". This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. The information in this guide is designed to help providers, community serving agencies and faith-based organizations connect those who are in need with services. The guide is available online for providers at http://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf.

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

Effective Date: 10/01/2018

- [ ] Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- [x] Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- [ ] Caseworkers with specialized training/experience in working with individuals with disabilities
- [x] Ensuring accessibility of environments and activities for all children
- [ ] Partnerships with state and local programs and associations focused on disability-related topics and issues
- [x] 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
- [x] Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- [x] Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- [x] Other.

Describe:

The local CCR&R and CCDF Intake agencies are required to provide outreach and to accommodate eligible persons with disabilities or special needs. The accommodations could include going to the person's home to take an application or providing sign language. Partnerships with community based organizations assist in identifying and

providing appropriate accommodations. Inclusion specialists are available to provide on-site technical assistance for child care programs serving children with special needs. Enhanced child care referral services are available to families from the CCR&R to help find a child care provider for their child with special needs. The Lead Agency hosts a website that shares information about available family and provider supports. The Lead Agency has provided all Intake Agents, CCR&R agencies, and Child Care Licensing Consultants with the "FSSA Resource Guide". This guide is dedicated to helping Hoosiers live productive, safe and healthy lives. The information in this guide is designed to help providers, community serving agencies and faith-based organizations connect those who are in need with services. The guide is available online for providers at http://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf.

2.2 Parental Complaint Process

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

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

Complaints can go to the Child Care Resource and Referral Central Office, Brighter Futures Call Center at 1-800-299-1627,or be submitted on the Brighter Futures website at http://brighterfuturesindiana.org/complaints either via the complaint hotline or via email . In addition, the Lead Agency also has a hotline number available for complaints 1-877-511-1144. Finally, parents can go to https://www.in.gov/fssa/2552.htm . This link takes you to the OECOSL home page, and on the right side is a box that states “questions about child care or early learning call 800-229-1627”; here there is a link that takes you to the http://brighterfuturesindiana.org/ website for additional information on child care, including

both questions, complaints and inquiries.

Substantiated complaints will be posted on the FSSA website at: https://secure.in.gov/apps/fssa/providersearch/map Once a provider is selected, scroll down; under the red banner or at the bottom of the page (if there are no Health and Safety violations) there are 3 tabs. The middle tab says "complaints". Click this tab to see any substantiated parental complaints.

A full monitoring report by provider type can be found at the same link as above (https://secure.in.gov/apps/fssa/providersearch/map). Once a provider is selected, scroll down to the bottom of the page on the left hand side where it indicates "Inspections/Complaints/Enforcements," Click on "Inspections" to access the link at the bottom of the page for the check list of the items inspected during licensing visits.

Effective Date: 10/01/2018

2.2.2 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring:

The process for screening is as following:

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

Agency's child care manager within twenty-four (24) hours of receiving the complaint.

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

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

Effective Date: 10/01/2018

2.2.3 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:

The process for screening is as following:

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

accuracy.

5. The Parent Complaint Hotline staff will send the information to the appropriate Lead Agency's child care manager within twenty-four (24) hours of receiving the complaint.

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

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

Effective Date: 10/01/2018

2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints:

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

Effective Date: 10/01/2018

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

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

Effective Date: 10/01/2018

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

This is printed onthe OECOSL Consumer Statement with all CCDF reauthorizations:

Complaint Hotline

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

CCDF policies require each state to have a hotline for families to share complaints about programs. The complaint hotline phone number is 1-800-299-1627. Families can find that number on a variety of websites, including Child Care Finder, Brighter Futures Indiana, and on all local child care resource and referrals websites. The Brighter Futures Indiana call

center takes complaints at 1-800-299-1627. To view substantiated complaints, families can visit www.Childcarefinder.in.gov Child Care Finder is available in English, Spanish, Burmese and German. The link in the plan takes the user to Child Care Finder, the provider has to be searched in order to view complaints. In addition, this link (https://www.in.gov/fssa/2552.htm) takes you to the OECOSL home page. On the right side of this page is a box that states “questions about child care or early learning call 800-229-1627." The link in this box takes you to the Brighter Futures Indiana (http://brighterfuturesindiana.org) website for more information on early child care. The Brighter Futures Indiana website also has a complaint hotline and email feature for parents: http://brighterfuturesindiana.org/complaints .

Effective Date: 10/01/2018

2.3 Consumer Education Website

States and Territories are required to provide information to parents, the general public, and when applicable, child care providers through a State website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include provider-specific information, monitoring and inspection reports for the provider, the quality of each provider (if such information is available for the provider), and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. If the Lead Agency has not fully implemented the Consumer Education website elements identified in Section 2.3, then respond to question 2.3.12. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible:

- The State hosted site, www.childcarefinder.in.gov (CCF) has detailed information available about the types of care available, provides definitions of the type of child care programs available, as well as a search of regulated providers where families can view inspection reports, validated complaints, and negative actions that have been taken, child care locations, quality levels and capacities. This CCF site is accessible in four languages: English, German, Spanish and Burmese, and it is compatible with adaptive technologies.
- The site www.brighterfuturesindiana.org is accessible in English with many components available in Spanish. The Brighter Futures site is geared towards families and includes additional information, including videos to explain the diversity of care, information on developmental milestones and support for parents seeking resources, parent tips and support resources, information on the Indiana Early Learning Foundations, and links to CCF. Each site has linked childcare search tools available and include a wide array of information. The Brighter Futures site has both content and videos translated into Spanish, and it is compatible with adaptive technologies so all families can learn about Early Learning Foundations and Best Practices for families in supporting their children.
- The third site focuses on the state-funded On My Way Pre-K grant program for early childhood providers http://providers.brighterfuturesindiana.org/ . This site houses information regarding how to become an approved On My Way Pre-k provider, the application process, information about how to talk to families about the program, and payment practices.
- The last site, http://www.in.gov/fssa/2552.htm provides regulatory information about Indiana's program. This site provides information about the licensing rules, market rates, payment practices, background checks and other information pertaining to the Office of Early Childhood and Out-of-School Learning (OECOSL). This site is 508 compliant and has Google Translate available as well as Browse Aloud which reads the text or a text only version.

Effective Date: 10/01/2018

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

The ChildCareFinder website is translated availabile in four languages:

- English
- Spanish
- German
- Burmese

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

Effective Date: 10/01/2018

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

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

Effective Date: 10/01/2018

2.3.4 Lead Agency processes related to child care.

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

Effective Date: 10/01/2018

a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6:

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

Programs that are exempt from licensure are outlined in Indiana Code IC 12-17.2-2-8.That information can be located at https://www.in.gov/fssa/files/BCC_exemptions_from_licensure.pdf. The rationale for

exempting certain providers from licensing requirements is because it is required in law.

b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2:

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

c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.11:

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

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

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

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

2.3.5 List of providers

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

Effective Date: 10/01/2018

a) Provide the website link to the searchable list of child care providers:

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

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

Providers are searchable by ZIP code, and the website lists licensing information as well as Paths to QUALITY (PTQ) levels and inspection information.

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

- [x] License-exempt center-based CCDF providers
- [x] License-exempt family child care (FCC) CCDF providers
- [x] License-exempt non-CCDF providers
- [x] Relative CCDF child care providers
- [x] Other.

Describe

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

c) Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

Licensed Providers

- [x] Contact Information
- [x] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [x] Quality Information
- [x] Monitoring Reports
- [x] Other.

Describe:

Additional information includes:

- Provider type
- Location
- Age ranges served
- Validated complaints
- Enforcements
- Licensing history and status
- Accreditation status if applicable
- Hours of operation

License-Exempt, non-CCDF Providers

- [x] Contact Information
- [x] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [x] Quality Information
- [x] Monitoring Reports
- [x] Other.

Describe:

Additional information includes:

- Provider type
- Location
- Age ranges served
- Validated complaints
- Enforcements
- Licensing history and status
- Accreditation status if applicable
- Hours of operation

License-Exempt CCDF Center Based Providers

- [x] Contact Information
- [x] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [x] Quality Information
- [x] Monitoring Reports
- [x] Other.

Describe:

Additional information includes:

- Provider type
- Location
- Age ranges served
- Validated complaints

- Enforcements
- Licensing history and status
- Accreditation status if applicable
- Hours of operation

License-Exempt CCDF Family Child Care

- [x] Contact Information
- [x] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [x] Quality Information
- [x] Monitoring Reports
- [x] Other.

Describe:

Additional information includes:
- Provider type
- Location
- Age ranges served
- Validated complaints
- Enforcements
- Licensing history and status
- Accreditation status if applicable
- Hours of operation

Relative CCDF Providers

- [x] Contact Information
- [x] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [x] Quality Information
- [x] Monitoring Reports
- [x] Other.

Describe:

Thisinformation includes provider type, location, capacity, age ranges, level of Quality Information System, inspection reports, validated complaints, enforcements, licensing history and status, accreditation, hours of operation, CCDF eligibility, and the applicant.

Other.

Describe:

On My Way Pre-k, the State pilot program.

- [x] Contact Information
- [x] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [x] Quality Information
- [x] Monitoring Reports
- [x] Other.

Describe:

Additional information includes:

- Provider type
- Location
- Age ranges served
- Validated complaints
- Enforcements
- Licensing history and status
- Accreditation status if applicable
- Hours of operation

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or

a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

Effective Date: 10/01/2018

a) How does the Lead Agency determine quality ratings or other quality information to include on the website?

- [x] Quality rating and improvement system
- [x] National accreditation
- [ ] Enhanced licensing system
- [ ] Meeting Head Start/Early Head Start requirements
- [x] Meeting prekindergarten quality requirements
- [ ] School-age standards, where applicable
- [ ] Other.

Describe

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

- [x] Licensed CCDF providers.

Describe the quality information:

Licensed providers follow basic health and safety standards, and they 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.

- [x] Licensed non-CCDF providers.

Describe the quality information:

Licensed providers follow basic health and safety standards, and they 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.

☑ 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 sight, the State-funded PreK initiative.

☐ License-exempt FCC CCDF providers.

Describe the quality information:

☐ License-exempt non-CCDF providers.

Describe the quality information:

☐ Relative child care providers.

Describe the quality information:

☑ 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 achievedVCP 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 health and safety standards that other registered ministries may not.

2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include 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. The reports must be in plain language and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports when available, going forward (not retrospectively), beginning October 1, 2018.

Certify by responding to the questions below:

Effective Date: 10/01/2018

a) What is the Lead Agency's definition of plain language and describe the process for receiving feedback from parents and the public about readability of reports.

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

This equates to the following:

- Organization and content that is aligned to the intended audience
- Use of "you" and other pronouns throughout
- Active voice
- Short sentences avoid wordiness
- Common, everyday words
- Easy-to-read design
- Avoiding industry jargon for general audience
- Using acronyms sparingly and never without articulating the original meaning

OECOSL relies on feedback from the 9 regional CCR&R's as well as the agility of the Brighter Futures Indiana website to assimilate and modify any necessary language. The 9 local CCR&R's share feedback with OECOSL from parents and the public, feedback is then incorporated as needed.

b) Are monitoring and inspection reports in plain language?

☑ If yes,

include a website link to a sample monitoring report.

Monitoring and inspection reports are in plain language. Reports are available in two ways: 1) Full monitoring reports by provider type are available at this link: https://secure.in.gov/apps/fssa/providersearch/map. Once a provider is selected, scroll down to the bottom of the page on the left hand side where it indicates "Inspections/Complaints/Enforcements," Click on "Inspections" to access the link at the bottom of the page for the check list of the items inspected during licensing visits.

2) Individual Monitoring Reports that detail recent inspections and noted insufficiencies as well as corrective actions are available. Inspection reports for individual providers are available by searching individual providers on Child Care Finder. To obtain an inspection report, a stakeholder goes to this website https://www.in.gov/fssa/childcarefinder/, clicks on the "Find Child Care" icon, accepts the terms and clicks on the "Search by name" icon in the upper right hand corner of the site. The stakeholder can either enter the name of the program in the search field and hit the "Search" or choose a program from the populated map. The program name and information will come up on the left hand side of the screen. The stakeholder can then scroll down and click on "Print View" to see information on the provider as well as the details of recent inspection reports. These reports are in plain language.

☐ If no,

describe how plain language summaries are used to meet the regulatory requirements and include a link to a sample summary.

c) Check to certify what the monitoring and inspection reports and/or their plain language summaries include:

- ☑ Date of inspection
- ☑ Health and safety violations, including those violations that resulted in fatalities or serious injuries.

Describe how these health and safety violations are prominently displayed.

The health and safety violations for a provider is bolded in red in order to differentiate these violations from other violations. The report can be found at https://www.in.gov/fssa/childcarefinder/ click on Find Child Care; top right hand corner search for provider; click on provider on map to poplate the provider information; and on the lower left hand side, if the provider has experienced a health and safety violation, it will be noted in Red. The inspection report will also show any citations a provider received that led to a fatality or a serious injury.

- ☑ Corrective action plans taken by the State and/or child care provider.

Describe

Reports detail recent inspections and noted insufficiencies as well as corrective action. An example of the report can be seen at https://www.in.gov/fssa/childcarefinder/. Once on the site, a stakeholder can narrow the category that they are searching for and once a provider is chosen a box will populate in the left corner showing the monitoring reports which also display corrective action.

d) The process for correcting inaccuracies in reports.

The child care provider would let the consultant know, at the time of the visit, if there is aninaccuracy in the report. It would be reviewed to determine if the report is inaccurate and would be corrected at the time of the visit. Otherwise the child care provider would contact the Lead Agency about the inaccuracy so that it can be corrected within the system and removed. To see the full document, it is necessary to go to "Print View." The process is the same for license exempt CCDF providers.

e) The process for providers to appeal the findings in reports, including the time requirements, timeframes for filing the appeal, for the investigation, and for removal of any violations from the website determined on appeal to be unfounded.

The child care provider cannot formally appeal the plan of corrections. Instead the child care provider can contact the Lead Agency at any time stating they do not agree with the findings in the report. The Lead Agency would then schedule a meeting with the child

care provider to gather information about their concern. The Lead Agency would investigate their concerns and determine if there are any corrections to be made within the report. Once the provider contacts the Lead Agency the provider will be contacted within 48 hours to schedule a meeting about their concerns

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

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.

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

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

h) Any additional providers on which the Lead Agency chooses to include reports. Note - Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.

- [x] License-exempt non-CCDF providers
- [ ] Relative child care providers
- [ ] Other.

Describe

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. This aggregate information on serious injuries and deaths must be organized by category of care (e.g., center, FCC, etc.) and licensing status for all eligible CCDF provider categories in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. The aggregate report should not list individual provider-specific information or names.

Certify by providing:

Effective Date: 10/01/2018

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

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

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

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

c) The definition of "serious injury" used by the Lead Agency for this requirement.

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

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

This link: https://www.in.gov/fssa/childcarefinder/ provides the aggregate number of serious injuries, deaths and substantiated instances of child abuse. This report can be found under the 'Menu' drop down in the upper right hand corner under the title, "Serious Injuries, Fatalities, and Substantiated Abuse Reports". This report is broken down by provider type/category of care.

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

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

1. They can link to the state's online search tool, Child Care Finder https://www.in.gov/fssa/childcarefinder/ (click the tab labled "Learn about Paths to Qaulity').
2. Call the statewide referral center1-800-299-1627
3. Initiate a chat through the online chat tool at http://brighterfuturesindiana.org/
4. Connect with their local child care resource and referral (CCR&R) agency http://partnershipsforearlylearners.org/about/your-child-care-resource-referral-agency/

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

Effective Date: 10/01/2018

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

this information:

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

Effective Date: 10/01/2018

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

Brighter Futures Indiana: http://brighterfuturesindiana.org/

Child Care Finder: http://www.in.gov/fssa/childcarefinder/

Effective Date: 10/01/2018

2.3.12 Other. Identify and describe the components that are still pending per the instructions on

CCDF Plan Response Options for Areas where Implementation is Still in Progress in the Introduction.

N/A

Effective Date: 10/01/2018

2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

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

The OECOSL provides information related to the availability of child care services to parents, the general public and other stakeholders through childcarefinder.in.gov (CCF) as well as its Brighter Futures website (http://brighterfuturesindiana.org/). CCF allows the end user to search based upon their desire to find childcare, the state funded Pre-k program, by CCDF providers or to find out information about the states QRIS. This site also features a “route to work” option that allows a family member to search for care based upon the route they travel to work. Within the site search based upon age of the child, the hours of operation for the childcare desired, the type of provider (Licensed Center, Licensed Home etc), zipcode or PTQ Level is featured. CCF also links to the OECOSL site which provides information to contact the Child Care Resource and Referral central office to locate additional information about assistance in finding childcare which includes information on the availability of financial assistance to pay for child care. CCF provides information on the number of deaths, serious injuries and instances of child abuse in child care settings each year through a static report that is updated quarterly. This resource also links to the OECOSL website which provides

information about how to file a complaint, information related to background checks (including information that prohibits individuals from working with children), and information related to licensing requirements that are expected of various program types. Lastly, when on CCF information can be obtained about multiple resources housed within the Family and Social Services Administration (FSSA) as well as within other state agencies. These resources include access to medical professionals, places to receive medical services, addiction services, etc. The information included on childcarefinder.in.gov was developed with families in mind and in language that is sensitive to cultural preferences and reading level. The site is also accessible in four languages (English, German, Spanish and Burmese) and meets requirements for ADA compliance.

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

Effective Date: 10/01/2018

2.4.2 The partnerships formed to make information about the availability of child care services available to families.

The OECOSL has formulated a public-private partnership using both CCDF and Eli Lilly Endowment funding through Early Learning Indiana (ELI). The website, Brighter Futures

Indiana (http://brighterfuturesindiana.org/),has been designed to be empathetic, evidence-based, using plain-language and providing resources useful for families and ECE programs. The website also features a social media presence and family support service through the state funded call center and a live chat function. The site is built upon the Indiana Early Learning foundations and displays those foundations in family friendly language. Families will find on Brighter Futures a guide for each of the Early Learning Foundations, how high quality programs implement those foundations and supports and tips for learning at home. Developmental milestone information, by age group, is provided as well as links and information to the Centers for Disease Control (CDC) “Act Early, Know the Signs” program and Birth to 5: Watch me Thrive content. Information is provided on services for developmental supports with direct links to those programs as well as information on where families can call to get further information. Brighter Futures also provides rich content that celebrates the roles of families and gives blogs about services available, developmental milestones, recommendations from core partners such as the Department of Education and then provides activity ideas that can be done at home to support children’s learning. This section also works toward active family engagement by providing information on what families should expect to see when they are in their child’s program. This information should help support parents as teachers and their engagement in understanding the learning that is taking place in the ECE program. Brighter futures also has embedded within it the ability to connect to childcarefinder.in.gov. This enables families to search for ECE programs once they have had the opportunity to learn more about the development of their child and how ECE programs support that development. Brighter Futures is also available in Spanish and compliant with ADA regulations. In addition to the Brighter Futures consumer education the OECOSL provides funding to support the local Child Care Resource and Referral agencies who provide one to one support for families, training, and information on the availability of childcare.

Effective Date: 10/01/2018

2.4.3 How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description include, at a minimum, what information is

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

Effective Date: 10/01/2018

☑ Temporary Assistance for Needy Families program:

The Lead Agency coordinates with the TANF agency to assist families participating in IMPACT activities so that these families can being child care assistance within as soon as five days. The Lead Agency also shares information about TANF to eligible parents through our local CCDF Intake Agents and local Child Care Resource and Referral (CCR&R) agencies. All Intake Agents and CCR&R agencies are required to sign an MOU to work together and share information with families. Intake Agents are required to provide CCDF clients with information about other available resources including TANF. The Lead Agency has provided all Intake Agents with the "FSSA Resource Guide". This guide is dedicated to helping Hoosiers live productive,safe and healthy lives and includes information about TANF and how to apply. The guide is designed to help providers, community service agencies and faith-based organizations connect those who are in need with a variety of available services. The guide can also be accessed electronically at http://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf.

☑ Head Start and Early Head Start programs:

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

☑ Low Income Home Energy Assistance Program (LIHEAP):

Local CCR&Ragencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families. These efforts include providing families with materials such as fliers and brochures of where to apply for LIHEAP .

Intake Agents are required to provide CCDF clients with information about other available resources including LIHEAP. During the CCDF application process families are asked a series of questions related to the required Consumer Education topic areas. Based on the parent's responses the caseworker will provide additional resources to help the family.

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

☑ Supplemental Nutrition Assistance Programs (SNAP) Program:

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

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

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

Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families. During the CCDF application process families are asked a series of questions related to the required Consumer

Education topic areas. Based on the parent's responses the caseworker will provide additional resources to help the family.

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

☑ Child and Adult Care Food Program(CACFP):

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

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

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

based organizations connect those who are in needwith a variety of services. This guide is also available electronically at http://www.in.gov/fssa/files/FSSA_Resource_Guide.pdf

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

Local CCR&R agencies, CCDF Intake Agents, and other community partners sign an MOU to work together on efforts to support families, which includes information about the CDC Developmental Milestones . Early intervention Service Coordinators are also responsible for providing informationon available resources to families participating in the First Steps program including casemanagement services for children transitioning to IDEA part B. During the CCDF application process families are asked a series of questions related to the required Consumer Education topic areas. Based on the parent's responses the caseworker will provide additional resources to help the family.

2.4.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information.

The Lead Agency's consumer education website, Brighter Futures at: www.brighterfutures.org offers a variety of research based information on physical health, nutrition and development as well as tips for successful parenting and family engagement. There are videos, written content and resource links offering developmentally appropriate information for parenting, milestones and benchmarking for children. Once on the site parents can pick the age of their child and then search for content based upon Indiana's early learning foundations. One such area is physical health and growth. This section outlines what is typical development at that age, information about nutrition, physical development and activity. Within each of those sections are items to support parents in what they should expect to see in the child care as well as ideas to learn and play together at home. The information related to the developmental milestones were done in conjunction

with the CDC's developmental milestone list and the Watch me Thrive initiative (http://brighterfuturesindiana.org/developmental-milestones-screening-and-services/). Along with these resources, parents can also find social media support groups and agencies that can assist. In addition, once on the site a chat box will appear that each user can access to ask questions with a representative from the call center to support the user in meeting their search needs. This call center is manned Monday through Thursday from 8:00 am to 7:00 pm and Friday 8:00 am to 5:00 pm. There is an option to submit an email during off hours with a return message the next business day.

Effective Date: 10/01/2018

2.4.5 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information.

The Lead Agency shares information on social-emotional and behavioral issues and early childhood mental health of young children by first focusing on the sharing of developmental milestone information with parents in a variety of ways:

1. **The family-facing website, Brighter Futures, includes multiple references to developmental milestones and resources in electronic and social media-focused platforms that include chat features, email features and phone in options. These resources not only offer benchmarking but also community resources and plain language tips and activities to fully support children both in the home and in the child care provider setting.**
2. **The Consumer Statement and Intake Process offers a face to face opportunity to explore developmental milestones and parental concerns with accompanying resources. A Consumer Statement sample can be found at http://brighterfuturesindiana.org/IndianaCCDFConsumerStatementGuide.**
3. **The 5 local CCRR agencies and the state CCRRCO agency offer assistance in child care referrals that support additional identified needs for families.**
4. **The expulsion and suspension policies are provided to families with an accompanying list of resources at the time of their intake appointment.**

Information is shared with child care providers through the use of the Brighter Futures website and direct communications mailed to providers. These communications can be found at: https://www.in.gov/fssa/carefinder/4945.htm Embedded within these communications are resources for child care providers around the suspension/expulsion of children and best practices in caring for young children.

5. **Training and support on child development and best practices are housed within the training platform, Indiana Learning Paths, which is accessible to families, child care providers and the general public.**

Effective Date: 10/01/2019

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

- The Lead Agency has adopted a policy that requires all programs receiving CCDF funds to have in place, and share prior to child enrollment, a suspension and expulsion policy. The Lead Agency's guidance on the suspension and expulsion of children from birth to age 5 in child care and early childhood programs receiving CCDF funds can be found at: http://brighterfuturesindiana.org/wp-content/uploads/2018/08/Suspension-and-Explusion-Policy-Guidance-for-Indiana-CCDF-Eligible-Programs.pdf
- These policies are shared with families at the Intake appointment as well as informaiton can be found at Brighter Futures at: http://brighterfuturesindiana.org/wp-content/uploads/2018/08/Suspension-and-Explusion-Policy-Guidance-for-Indiana-CCDF-Eligible-Programs.pdf. A webinar and Facebook Live for families was held for families to ask questions and get clarifications, recorded information can be found at this link: http://brighterfuturesindiana.org/2018/08/facebook-live-q-a-family-focused-ccdf-changes/ . A webinar and Facebook Live for providers was held to ask questions and get clarifications, recorded information can be found at this link: https://partnershipsforearlylearners.org/2018/08/22/facebook-live-qa-to-support-providers-on-ccdf-updates/.
- Mailings were conducted to each Early Childhood provider informing them of the need to develop the poliy as well as resources to support that work. Those communications can be found at: https://www.in.gov/fssa/carefinder/4945.htm

Effective Date: 10/01/2018

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the 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, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

2.5.1 Certify by describing:

Effective Date: 10/01/2019

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

The Lead Agency has included requirements within the CCR&R and the CCRR CO contracts to provide information and refer families and child care providers to existing developmental screening services.This informationis integrated into their training and family referral activities. Training is available online and face to face and includes training on how to complete Ages and Stages 3 (ASQ-3™) and Ages and Stages Social-Emotional (ASQ-SE™). Onsite technical assistance is available for providers, if needed, to help complete the tools and develop a policy for using developmental screening. This process actually begins at the Intake Process. Intake Agents work with families face-to-face in completing the Intake packet, and Intake Agents are trained to go through a step by step process with families that reflects families' needs, and the options of needs cover a range including but not limited to food and housing as well as specific discussions surrounding their child(ren)'s developmental milestones. These milestones and

discussions are based on the CDC's Learn the Signs. Act Early benchmarks. Intake Agents then share specific resources with the parents based on those identified needs. Parents are then equipped with resources as well as reference information on future developmental milestones. In addition, the Lead Agency's Consumer Education website, Brighter Futures, houses developmental milestones, also based on the CDC's Learn the Signs. Act Early as well as tips, hints and resources for parents on how best to support their child(ren). In addition, each family receives a written Consumer Statement that details their child care choices as well as resources families indicated they needed during the Intake appointment.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
Contracted Intake Agents work with families face-to-face in completinginformation related to the development of their child are trained to go through a step by step process with families that reflects families' needs, and the options of needs cover a range including but not limited to food and housing as well as specific discussions surrounding their child(ren)'s developmental milestones. These milestones and discussions are based on the CDC's Learn the Signs. Act Early benchmarks. Intake Agents then share specific resources with the parents based on those identified needs. Parents are then equipped with resources as well as reference information on future developmental milestones and information on where to obtain a developmental screening or referral to Indiana's Part C program. In addition, the Lead Agency's Consumer Education website, Brighter Futures, houses developmental milestones, also based on the CDC's Learn the Signs. Act Early as well as tips, hints and resources for parents on how best to support their child(ren). Families also receives a written Consumer Statement that details their child care choices as well as resources families indicated they needed during the Intake appointment. Lastly, a series of 4 live and recorded webinars to provide an overview of the DC: 0-5™ for families, early care and education providers, home visitors, and clinicians has been completed and is housed on the Lead Agency's training platform. The following procedure is captured in the CCDF policy manual for Intake Agents to follow:

CONSUMER EDUCATION SURVEY & DEVELOPMENT MILESTONES

The Office is federally required to provide a consumer education survey to CCDF Applicants and/or Co-Applicants at the time of authorization and reauthorization. As part of the consumer education process, Applicants and/or Co-Applicants will also be asked to review the CDC's 139

child development milestones checklist(s) for their children five (5) years of age or younger. If provided, answers to the consumer education survey and milestone checklist(s) will be recorded in AIS for statistical reporting.

DEVELOPMENTAL MILESTONE CHECKLIST AGE CATEGORIES:

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

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

CONSUMER EDUCATION SURVEY QUESTIONS:

1. Based upon the developmental milestones checklist(s), do you have any concerns about your child(ren)'s development?
2. As you think about your child(ren)'s development, do you want information and resources that might help your child(ren) learn and grow?
3. In the last twelve (12) months, have you wanted to take your child(ren) to see a doctor or dentist, but could not because of cost?
4. Were you able to take your child(ren) to the doctor within the last twelve (12) months when they were not sick? These visits are often called "wellness visits" or "well-baby/child appointments."

5. In the last twelve (12) months, did you every buy less food or different food than you should because there wasn't enough money?
6. If food costs were not an issue, would you like to buy more fresh fruits, vegetables, protein, or dairy products for your family?
7. How satisfied are you with your overall access to food?
8. Are you a parent of a child under 5, a new mother, pregnant or breastfeeding?
9. Would you like any support with breast feeding, nutrition, or assistance with purchasing formula, milk or other food products to help your family?
10. Do you want more information about programs that support your child in a high quality early education program?
11. Do you have trouble paying your heating bill for the winter or cooling costs in the summer?
12. Some child care programs participate in the Child Care and Adult Food Care Program. These programs provide nutritious meals and snacks to your child during the day. At these programs, you should see your child receiving fruits, foods high in protein, and items that are a good source of dairy and overall nutrition. Would you like information about programs that participate in the
140 Child Care and Adult Food Care Program and/or would you like to know if your child care program participates in it?

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

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

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

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

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

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

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

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

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

CCDF Policy and Procedure Manual Section 3.13 - Consumer Education

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

2.6.1 Certify by describing:

Effective Date: 10/01/2018

a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement.

The Lead Agency supplies each parent with a printed consumer statement at the time of initial Intake as well as at each renewal. An example of the consumer statement can be found at: http://brighterfuturesindiana.org/IndianaCCDFConsumerStatementGuide

b) What is included in the statement, including when the consumer statement is provided to families.

The Lead Agency supplies each parent with a printed consumer statement that includes the following:

- Information about the child care provider the parent has selected.
- Inspection and complaint history
- A description of the regulatory standards that the provider has to meet
- If the provider participates in the Paths To Quality program and at what level

General information is also provided and includes the following:

- How to file a compliant
- How to access information through Indiana's consumer education website Brighter

Futures or the Child Care Resource and Referral agency
- Additional resources the parent has indicated he/she needs.

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

http://brighterfuturesindiana.org/IndianaCCDFConsumerStatementGuide

3 Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination periods, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

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

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

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed $1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)).

3.1.1 Eligibility criteria based on a child's age

Effective Date: 10/01/2018

a) The CCDF program serves children

from 1

(weeks/months/years)

through 12

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

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

☐ No

☑ Yes,

and the upper age is 17

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity: Children ages thirteen (13) years through seventeen (17) years for whom child care is requested due to physical or mental incapacity must meet the definition of special needs as documented by enrollment in one or more of the following programs or

services; Children with special health care services; Public school special education; or Supplemental Security Income (SSI)

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

☐ No.

☑ Yes

and the upper age is 17

(may not equal or exceed age 19)

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

"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.

"in loco parentis":

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

3.1.2 Eligibility criteria based on reason for care

Effective Date: 10/01/2018

a) How does the Lead Agency define "working or attending a job training and educational program" for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:

"Working":

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

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

"Job training":

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

"Education":

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

"Attending job training or education" (e.g. number of hours, travel time):

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

3.1.2 Eligibility criteria based on reason for care

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of

education and training participation alone (without additional minimum work requirements)?

☐ No.

If no, describe the additional work requirements:

☑ Yes.

If yes, describe the policy or procedure:

All eligible CCDF families are allowed 16 weeks of eligibility after a loss of service need

3.1.2 Eligibility criteria based on reason for care

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

☐ No.

☑ Yes.

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

The Lead Agency does not allow job search or seeking employment as an eligible activity at initial determination but does allow job search or seeking employment at the 12 month eligibility redetermination. All eligible CCDF families are allowed 16 weeks of eligibility after a loss of service need to participate in the program.

3.1.2 Eligibility criteria based on reason for care

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

☐ No.

☑ Yes. If yes:

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

Families with children who receive or need to receive child protective services as verified by the Local Department of Child Services (DCS) office can be eligible for CCDF child care services provided the Child Protective Services (CPS) case worker indicates the family needs child care out of the child's home. The service

and financial need requirements are determined on a case by case basis for children who have been referred by their CPS caseworker as needing out of home care as part of the CPS case plan

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.

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

- [ ] No
- [x] Yes

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

- [ ] No
- [x] Yes

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

- [ ] No
- [x] Yes

3.1.3 Eligibility criteria based on family income. Note: The question in 3.1.3 relates to initial determination. Redetermination is addressed in 3.1.7.

Effective Date: 10/01/2018

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

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

b) Provide the CCDF income eligibility limits in the table below at the time of initial

determination. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children). If the income eligibility limits are not statewide, please respond to c) below the table.

	(a)	(b)	(c)	(d)
Family Size	100% of SMI($/Month)	85% of SMI ($/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) ($/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	$3218.00	$2736.00	$1276.00	39.7%
2	$4208.00	$3577.00	$1719.00	40.8%
3	$5198.00	$4419.00	$2161.00	41.6%
4	$6188.00	$5261.00	$2604.00	42.1%
5	$7178.00	$6102.00	$3046.00	42.4%

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

NA

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03.

d) SMI source and year. 2017

e) Identify the most populous area of the State used to complete the chart above.

Marion County

f) What was the date (mm/dd/yyyy) that these eligibility limits in column (c) became effective? 10/29/2017

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

http://www.in.gov/fssa/files/CCDFSlidingFeeSchedule_withCopay.pdf

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

Effective Date: 10/01/2018

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

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

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

- [x] No.
- [ ] Yes.

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

3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)).

All CCDF families must reside in the state of Indiana.

Effective Date: 10/01/2018

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

Effective Date: 10/01/2018

- [x] Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules
- [x] Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- [ ] Establishing minimum eligibility periods greater than 12 months
- [x] Using cross-enrollment or referrals to other public benefits
- [x] 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
- [ ] Providing more intensive case management for families with children with multiple risk factors;
- [x] 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
- [x] Other.

Describe:

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

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

Effective Date: 10/01/2018

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

i. 85 percent of SMI for a family of the same size
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 low-income family
(B) Provides justification that the second eligibility threshold is:
(1) Sufficient to accommodate increases in family income over time that are typical for low-income workers 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 shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

additional reporting requirements do not constitute an undue burden on families.

Effective Date: 10/01/2018

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

- [ ] N/A - The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
- [ ] N/A - The Lead Agency sets its exit eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
- [x] The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

Describe the policies and procedures.

Afamilies copay is only assesed at eligibility determination and at redetermination.When a family's's income at redetermination is determined to exceed initial eligibility, however is less than 85% SMI, the family's copayment will gradually increase based on the CCDF family's income exceeding 127% of the FPL guideline and their years of CCDF participation. This is meant to gradually increase the family's share of their child care cost while taking into consideration their child care cost.

Provide the citation for this policy or procedure.

CCDF Policy and Procedure Manual Section 3.11 Child Care Subsidies and Copayment

- [ ] 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.

Provide the second tier of eligibility for a family of three.

Describe how the second eligibility threshold:

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

ii. 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:

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

iv. Provide the citation for this policy or procedure:

☐ Other.

Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas where Implementation is Still in Progress* in the Introduction.

3.1.7 b) To help families transition from assistance, does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

☐ No

☑ Yes

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

Yes, Afamilies copay is only assesed at eligibility determination and at redetermination. At redetermination based on the families gross income and years on CCDF.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.)*

☑ No.

☐ Yes.

Describe:

3.1.8 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II)). The Lead Agency must put in place policies that ensure that temporary increases in income,

including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family copayments (98.21(c)). Check the processes, if applicable, that the Lead Agency uses to take into account irregular fluctuations in earnings and describe, at a minimum, how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family copayments.

Effective Date: 10/01/2018

☐ Average the family's earnings over a period of time (i.e. 12 months).

Describe:

☐ Request earning statements that are most representative of the family's monthly income.

Describe:

☐ Deduct temporary or irregular increases in wages from the family's standard income level.

Describe:

☑ Other.

Describe:

2.14.1 POVERTY GUIDELINE POLICY CCDF poverty guidelines are established based on the number in the CCDF Household and income level from all countable sources to determine whether an Applicant is income eligible for the CCDF program. However, some CCDF Household Member's income may be excluded. Additionally, a family may be considered eligible for a maximum of thirteen (13) weeks due to a temporary fluctuation in income.

2.14.6 NEW APPLICANT WITH FLUCTUATING INCOME POLICY 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.

TEMPORARY FLUCTUATION IN INCOME 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.

4.4.10 TEMPORARY FLUCTUATION IN INCOME POLICY An active CCDF Applicant or Co-Applicant may be considered income eligible for a period not to exceed thirteen (13) weeks when their current gross monthly income from all countable sources 85% SMI due to a temporary fluctuation in income. For eligibility purposes, the Applicant and Co-Applicant's monthly gross income for eligibility purposes will be equal to the prior documented current income. Copayment will be based on the prior documented income remaining the same

3.1.9 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

Effective Date: 11/21/2019

☑ Applicant identity.

Describe:

The applicant must submit one of the following forms of ID during the initial application process :

- Driver's License,
- Identification Card issued by any government ,
- Passport ,
- Military Identification Card ,
- School Identification Card ,
- Work Identification Card

☐ Applicant's relationship to the child.

Describe:

☑ Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

Describe:

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

application process:

- Birth Certificate ,
- Hospital Issued Certificate of Birth ,
- Birth Confirmation Letter,
- ICES Screen,
- 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,
    1. if date of birth is on the card Passport ,
    2. Permanent Residency Card ,
    3. Hoosier Health or Medicaid Card, if date of birth is on the card,
- School Enrollment Record or Identification Card, if date of birth is on the card ,
- Medical Immunization Record, if date of birth is on the document

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

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

☑

Work.

Describe:

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

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

- A current pay stub including the following information: Identifying information for the Applicant or Co-Applicant ,
- Hours worked, if hours worked is absent, the documented hourly rate of pay may

be utilized to determine hours worked or a completed wage detail form;
- 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:
    1. Employer's Name imprinted in the upper left corner of the check ;Applicant or Co-Applicant's name appears in the "Pay to the Order of" line ;
    2. A current date is recorded on the date line on the front of the check ;The amount paid is clearly visible on the front of the check ;
    3. The check has been fully negotiated (cashed) as evidenced on the back of the canceled check by the depositing financial institution; and
    4. A complete Wage Detail Form ;
- A computer generated Wage History Summary provided by the employer which includes:
    1. Identifying information for the Applicant or Co-Applicant ,
    2. Hours worked, if hours worked is absent, the documented hourly rate of pay must be utilized to determine hours worked,
    3. Gross wages ,
    4. 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 for the current period.
- A complete TANF Impact Referral for Applicant and Co-Applicant, if applicable
- A statement of earnings from The Work Number (www.theworknumber.com) verifying current wages.
- For an OMW applicant paid in cash, a complete OECOSL Request for Earnings Information form..

☑

Job training or educational program.

Describe:

These training activities may include, but are not limited to:
- Job Readiness ,
- Community Work Experience (CWEP) ,
- Post-Secondary Education (including distance learning) ,
- Vocational and Educational Training and Academic Training ,
- Adult Basic Education (ABE) ,
- English as a Second Language (ESL), and
- General Education Degree (GED) Work / Study.

Education programs must be completed through a certified or accredited secondary or post secondary training organization/institution and could include post-secondary correspondence or distance learning. To find certified or accredited post-secondary

training organizations / institutions, complete a search at www.chea.org, www.detc.org or www.ope.ed.gov/accreditation/, or www.in.gove/cpe.

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

- Student name ,
- School name (may be verified by intake) ,
- Credit hours taken and/or hours of participation ,
- Semester dates or begin and end date, if applicable

This verification may be in the form of the following:

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

☑ Family income.

Describe:

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

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

- Child Support/Spousal Maintenance:
- Child Support is money paid on a regular basis by a non-custodial parent for the benefit of his or her child, which include direct payments and payments via the clerk of the circuit courts and/or the Division of Family Resources, Child Support Bureau.
- Maintenance is an allowance paid to one spouse by the other for support pending or after separation or divorce.
- Earned Income (Wages or Salaries) Earned income is payments for labor or services usually according to a contract and on an hourly, daily, salaried, commission or piecework basis. For purposes of CCDF eligibility, earned income is counted using current wages prior to taxes and after qualifying deductions.
- Earned Income (Self Employment) Self-employed earned income is revenue received directly from an Applicant or Co-Applicant's own business, trade or profession minus business expenses as declared. Applicants must be able to demonstrate collection of revenue from self-employment; however, an operating

loss may be incurred and is reported as zero on the application, State Form 805. An Applicant may be asked by the Office to provide documentation of gross receipts and expenses.

- Lump Sum Payments Lump Sum Payments is money paid through life insurance, inheritances, lawsuit settlements, gambling/lottery winnings, severance payments from previous employer, retention bonuses from current employer, annual employment bonus, etc. are to be annualized, unless otherwise stated Other Sources of Income When other sources of income such as dividends, short term disability, investment income, and etc. are received, the gross receipts shall be counted.
- Pensions and annuities: Pensions and annuities are paid to a retired person or his/her survivors by a former employer or union either directly or through an insurance company.
- Benefits paid to a protective payee: If benefits are issued in someone else's name but for use by the Applicant or Co-Applicant, then the income must be counted. (i.e. Social Security, Veteran's Benefits, etc.). If this income is for a foster child, it is not counted toward eligibility.
- Rental: Rental income received, less applicable mortgage, which may include escrow payment, from property owned by the Applicant and/or Co-Applicant.
- Social Security Income: Social Security Income is money paid to an individual as cash assistance who is age qualified, a survivor of a qualified individual, a permanently disabled individual or an individual retired from the railroad. Lump Sum Social Security income payments are not counted.
- Temporary Assistance for Needy Families (TANF): TANF is money paid as cash assistance to an adult in the assistance group.
- Unearned Income for a TANF Impact case: Unearned income is income received by a TANF Impact Applicant or Co-Applicant from a source other than employment and TANF cash benefit.
- Unemployment benefits: Unemployment is money paid from government unemployment insurance agencies or private companies during the period of unemployment. For purposes of CCDF eligibility, Unemployment income is counted prior to taxes and after qualifying deductions.
- Veteran's Benefits: Veteran's benefits are money paid by the Veteran's Administration to disabled or retired members of the Armed Forces or to survivors of deceased veterans.
- Worker's Compensation: Worker's compensation is money paid periodically from public or private insurance companies for injuries incurred at work. The cost of this insurance must have been paid by the employer and not the employee.

☐ Household composition.

Describe:

☑ Applicant residence.

Describe:

It is the responsibility of the Intake Agent to obtain documentation to verify the Applicant or Co-Applicant's physical residency at eligibility determination and at redetermination, including

- street address, city and/or zip code.

Any of the following are appropriate documents for verification of residency.

- Current rent receipt or signed and dated statement from landlord ;
- Current mortgage statement based on statement date or print date ;
- Current signed and dated statement from declared legal resident with whom the Applicant resides ;
- Current utility bill based on any of the following: end date of service period, meter reading date, or statement date (see definition of utility).When a complete address is not present; a municipal utility provider with a business name which includes the city of delivery may be used to document the city of residence.;
- Lease or lease amendment for the existing lease period;
- Dated reauthorization letter from Intake Agent which is not more than 60 days old ;
- Envelope from current mail received at address, which is not a window envelope and includes a dated postmark ;
- Current correspondence from state agencies such as Department of Workforce Development (DWD), Division of Family Resources (DFR), etc. including screen prints from ICES or www.ifcem.com or other state supported website with a current print date which can be verified and documented ;
- Current correspondence from federal agencies such as the Social Security Administration with a current letter date ;
- Online documentation from the United States Postal Service showing an updated or changed address which includes a confirmation code;
- Current documentation from a secondary or post-secondary school verifying the student's (Applicant or Co-Applicant's) registered address based on valid service need document ;
- Valid Indiana driver's license, valid Indiana state ID, valid Interim/Extension Indiana Regular ID Card, or any other valid government ID for Applicant or Co-Applicant ;
- Valid INS Green Card for Applicant or Co-Applicant ;
- Valid Indiana Vehicle Registration ;
- Current pay stub for Applicant or Co-Applicant ;
- Documentation from a Homeless or Domestic Violence shelter which includes assigned and dated statement indicating county of residence only. For this purpose, a PO Box is acceptable Documentation of homelessness provided by the Division of Family Resources (DFR). The Applicant may utilize the DFR address as a mailing address. The Applicant's street address should be recorded

as "homeless". The city and zip code should match the DFR address. Other homeless situations should be discussed with the appropriate CCDF Policy Consultant.

☐ Other.

Describe:

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

Effective Date: 10/01/2018

☑ Time limit for making eligibility determinations

Describe length of time:

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

☑ Track and monitor the eligibility determination process

☐ Other.

Describe:

☐ None

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

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young

children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

Effective Date: 10/01/2018

a) Identify the TANF agency that established these criteria or definitions: The Division of Family Resources (DFR), Family Social Services Administration (FSSA)

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

"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.

"Reasonable distance":

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

"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

"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?

☑ In writing

☑ Verbally

☐ Other.

Describe:

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

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

3.2 Increasing Access for Vulnerable Children and Families

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

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

3.2.1 Describe how the Lead Agency defines:

Effective Date: 10/01/2018

a) "Children with special needs":

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

priority over other CCDF eligible families

b) "Families with very low incomes":

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

3.2.2 Describe how the Lead Agency will prioritize or target child care services for the following children and families.

Effective Date: 11/21/2019

a) Identify how services are prioritized for children with special needs. Check all that apply:

- [x] Prioritize for enrollment
- [ ] Serve without placing these populations on waiting lists
- [x] Waive copayments
- [x] Pay higher rates for access to higher-quality care
- [x] Use grants or contracts to reserve slots for priority populations
- [x] Other.

Describe:

Documentation of a child with special needs must be made by evidence of enrollment in one or more of the following programs or services:

- Children with Special Health Care Services as provided by the State of Indiana
- First Steps Early Intervention System
- Head Start for a child professionally diagnosed with disabilities
- A copy of the child's Individualized Education Plan
- Verification of Supplemental Security Income
- Statement from a health care professional which includes the child's diagnosis.

Special needs are identified on the CCDF application, and children with special needs receive priorty over other CCDF eligible familes

b) Identify how services are prioritized for families with very low incomes. Check all that apply:

- [x] Prioritize for enrollment
- [ ] Serve without placing these populations on waiting lists
- [x] Waive copayments
- [x] Pay higher rates for access to higher-quality care
- [x] Use grants or contracts to reserve slots for priority populations
- [x] Other.

Describe:

Very low Income level is defined as below 100% of the federal poverty level. Familes receive the same priorty as other CCDF eligible familes. Copayments are waived for familis with income under 100% of the Federal Poverty Level.

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

- [x] Prioritize for enrollment
- [ ] Serve without placing these populations on waiting lists
- [x] Waive copayments
- [x] Pay higher rates for access to higher-quality care
- [x] Use grants or contracts to reserve slots for priority populations
- [x] Other.

Describe:

Families who reside in a homeless or a domestic violence shelter, half-way house or in a public place such as a sidewalk, park or car by written response on the CCDF application will receive priority over other CCDF eligible families.

d) Identify how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- [x] Prioritize for enrollment
- [ ] Serve without placing these populations on waiting lists
- [x] Waive copayments
- [x] Pay higher rates for access to higher-quality care
- [x] Use grants or contracts to reserve slots for priority populations

☑ Other.

Describe:

TANF families receive priorty over non-TANF families to receive CCDF services. Co payment is waived for TANF familis who are below poverty level. OECOSL coordinates with the TANF offices in receiving referrals.

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

A CCDF Household declaring a priority must provide verification of their priority (i.e. TANF Impact, AJS, SNAP Impact, special needs, homeless, or CPS with the exception of OMW. These families are determined by the State).

- A TANF Impact applicant must provide a valid TANF Impact referral.
- A TANF AJS applicant must provide a valid TANF AJS referral.
- SNAP Impact applicant must provide a valid SNAP Impact referral.
- A DCS applicant must provide a valid DCS referral.
- A child with special needs must provide appropriate special needs documentation.
- A homeless applicant must verify their residency status by written response to the appropriate questions on the CCDF pre-application.
- A CPS applicant must provide a valid CPS referral.
- *Families participating in the OMW program.*

PLEASE NOTE: CPS clients are not required to provide their most recent paystub.

Effective Date: 11/21/2019

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

- A TANF Impact priority
- A TANF AJS priority

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

- SNAP Impact priority

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

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

- A child with special priority

A child with a priority of special needs is the first priority on the waiting list. When funds are made available these children are moved to receive CCDF services based on date of application.

- A homeless priority

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

- A CPS applicant must provide a valid CPS referral.

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

- *Families participating in the OMW program.*

children with a priority of OMW are enrolled during the OMW Pre-K enrollment period for the following pre-k school year.

Effective Date: 11/21/2019

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

Effective Date: 10/01/2018

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

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

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

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

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

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

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

Effective Date: 10/01/2018

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was

established in consultation with the state, territorial, or tribal health agency for:

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

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

Provide the citation for this policy and procedure.

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

Children who are in foster care.

470 IAC 3-1.1-37, 470 IAC 3-4.7-16, 470 IAC 3-18-17 (Interpretive Guides) The Lead Agency allows a 90 day grace period for child care providers to collect immunization records for children in foster care and families that indicate they are homeless. The Lead Agency is responsible for the licensing/registration/certification of child care providers and works directly with providers on the grace period for homeless and foster children.

Provide the citation for this policy and procedure.

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

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

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

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

- [x] No.
- [ ] Yes.

Describe:

3.3 Protection for Working Families

3.3.1 12-Month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal threshold of 85 percent of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1); and any changes in residency within the state, territory, or tribal service area.

Effective Date: 10/01/2018

a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity.

Indiana CCDF Policy Manual Section 3.3 SUBSIDY END DATE 3.3.3 MAXIMUM

SUBSIDY PERIOD POLICY A subsidy period, inclusive of the subsidy begin and end date, may not exceed 53 weeks in duration unless when appropriately documented the subsidy end date is extended; however, it may not extend beyond the Applicant or Co-Applicant's documented service need,. This period must begin on a Sunday and end on a Saturday. 3.3.2. EXTENDED SUBSIDY END DATES In situations where the Intake Agent questions or anticipates a change in the Applicant or Co-Applicant's service need, a subsidy period of more than fifty-three (53) weeks may be established to provide an opportunity to re-evaluate the Applicant or Co-Applicant's service need.
Temporary change in service need is defined as a temporary time period when an Applicant or Co-Applicant is not participating in their service need including, but not limited to, absence from employment due to maternity, extended medical leave, changes in seasonal work schedule, an ailing family member or temporarily not attending an education program due to semester breaks not to exceed sixteen (16) weeks.

b) How does the Lead Agency define "temporary change?'

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

c) Provide the citation for this policy and/or procedure.

CCDF Policy and Procedure Manual

3.1.4 AUTHORIZATION PERIOD POLICY

An application whose funding is provided by the Child Care and Development Fund must have a subsidy period for a minimum of 53 consecutive weeks with child care assistance available.

3.3.2 Option to discontinue assistance during the 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a

training or educational program, as described in section 3.3.1 of the plan).

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

Effective Date: 10/01/2018

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

- [ ] No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.
- [x] Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

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

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

ii. Describe what specific actions/changes trigger the job-search period.

An applicant must notify the Intake Agent 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 16 weeks the applicant must be participating in an eligible CCDF service need. How long is the job-search period (must be at least 3 months)

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

16 weeks

iv. Provide the citation for this policy or procedure.

CCDF Policy and Procedure Manual 2.11- Employment

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

☐ Not applicable.

☑ 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.

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

61 days of having no electorinc attendance.

ii. Provide the citation for this policy or procedure:

CCDF Policy and Procedure Manual 3.14.4 - Termination for Excessive unexplained absence

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

Provide the citation for this policy or procedure:

CCDF Policy and Procedure Manual 2.4- Residency

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

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

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

3.3.3 Change reporting during the 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(b).

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent's eligible activity).

Effective Date: 11/21/2019

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

- [ ] No
- [x] Yes

b) Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of SMI or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

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

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

Describe:

The following changes must be reported requiring the Intake Agent to take the appropriate action:

1. Change in residency outside of the state of Indiana,
2. Change in household size,
3. A non temporary loss of service need ,
4. A change with whom child resides ,
5. Income that exceeds 85% SMI

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

Describe:

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

Describe:

Failure to select a CCDF eligible provider

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families.

c) How does the Lead Agency allow for families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

☑ Phone

☑ Email

☑ Online forms

☑ Extended submission hours

☑ Postal Mail

☑ FAX

☑ In-person submission

☑ Other.

Describe:

Document upload.

d) Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family

that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

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

- Change in address,
- phone numbers,
- provider change,
- physical custody,
- name change,
- household size

ii. Provide the citation for this policy or procedure.

CCDF Policy and Procedure Manual 4.2

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

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

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g. use of languages other than English, access to transportation, accommodation of parents working non-traditional hours, etc.).

Effective Date: 11/21/2019

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

eligibility.

- [x] Advance notice to parents of pending redetermination
- [x] Advance notice to providers of pending redetermination
- [ ] Pre-populated subsidy renewal form
- [x] Online documentation submission
- [ ] Cross-program redeterminations
- [x] Extended office hours (evenings and/or weekends)
- [x] Other.

Describe:

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

b) How are families allowed to submit documentation, described in 3.1.9, for redetermination? Check all that apply.

- [x] Postal Mail
- [x] Email
- [x] Online forms
- [x] FAX
- [x] In-person submission
- [x] Extended submission hours
- [x] Other.

Describe:

Document upload.

3.4 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Note: To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies only to families in their initial/entry eligibility period. See section 3.1.7 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

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

Effective Date: 10/01/2018

a) Fill in the chart based on the most populous area of the State (area serving highest number of CCDF children).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	**Lowest Initial or First Tier Income Level Where Family Is First Charged Co-Pay (Greater Than $0)**	**What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?**	**The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?**	**Highest Initial or First Tier Income Level Before a Family Is No Longer Eligible**	**What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?**	**The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?**
1	$1,006.00	$50.00	5%	$1,276.00	$89.00	7%
2	$1,354.00	$68.00	5%	$1,719.00	$120.00	7%

	(a)	(b)	(c)	(d)	(e)	(f)
3	$1,703.00	$85.00	5%	$2,161.00	$151.00	7%
4	$2,051.00	$102.00	5%	$2,604.00	$183.00	7%
5	$2,299.00	$120.00	5%	3$,046.00	$213.00	7%

b) What is the effective date of the sliding-fee scale(s)? October 29, 2017

c) Identify the most populous area of the state used to complete the chart above.

Marion County

d) Provide the link to the sliding-fee scale:

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

e) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

NA

3.4.2 How will the family's contribution be calculated, and to whom will it be applied? Check all that apply.

Effective Date: 10/01/2018

- ☐ The fee is a dollar amount and:
  - ☐ 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 certain number of children.
  - ☐ The fee is per family.
  - ☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

    Describe:

  - ☐ Other.

Describe:

- [x] The fee is a percent of income and:
  - [ ] 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 certain number of children.
  - [x] The fee is per family.
  - [ ] The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

    Describe:

  - [ ] Other.

    Describe:

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

Effective Date: 10/01/2018

- [ ] No.
- [x] Yes, check and describe those additional factors below.
  - [ ] Number of hours the child is in care.

    Describe:

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

    Describe:

☑ Other.

Describe:

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

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

Effective Date: 10/01/2018

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

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

☑ Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

CCDF Policy and Procedure Manual

2.9.2 CPS SERVICE AND FINANCIAL NEED POLICY

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

☑ Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency.

Describe the policy and provide the policy citation.

CCDF Policy and Procedure Manual

OMW 3.11.1 CO-PAYMENT POLICY

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

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care or care provided in the child's own home In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each State/Territory identifies and defines its own categories and types of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1 Parental Choice in Relation to Certificates, Grants, or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling his or her child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll his or her child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider or faith-based provider, etc.) (98.15 (a)(5)).

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

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

Effective Date: 10/01/2018

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

Effective Date: 10/01/2018

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

Describe:

Parents are also informed as they search and selecta child care providers on www.childcarefinder.IN.gov

4.1.3 Child care services available through grants or contracts.

Effective Date: 10/01/2018

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

☐ No. If no, skip to 4.1.4.

☑ Yes, in some jurisdictions but not statewide.

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

OECOSL has 20 contracts for child care slots in 6 counties throughout the state.

☐ Yes, statewide. If yes, describe:

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

there are multiple programs approved. The parent selects the contract provider butif the parent wants to switch providers then the parent is moved to a CCDFcertificate.

ii. The type(s) of child care services available through grants or contracts:

Infant/Toddler providers, OMW Pre-K and Head Starts

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

Child care providers

iv. The process for accessing grants or contracts:

parents apply for these contracts through the CCDF Intake Office

v. How rates for contracted slots are set through grants and contracts:

These rates are the same rates as CCDF certificates

vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality:

Requests for Proposals are sent out through an competivie bid

vii. If contracts are offered statewide and/or locally:

Statewide in some jurisdictions.

4.1.3 Child care services available through grants or contracts.

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

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

Describe

4.1.3 Child care services available through grants or contracts.

c) Will the Lead Agency use grants or contracts for child care services to increase the quality of specific types of care? Check all that apply.

- [ ] Programs to serve children with disabilities
- [x] Programs to serve infants and toddlers
- [ ] Programs to serve school-age children
- [ ] Programs to serve children needing non-traditional hour care

- [x] Programs to serve homeless children
- [x] Programs to serve children in underserved areas
- [ ] Programs that serve children with diverse linguistic or cultural backgrounds
- [x] Programs that serve specific geographic areas
  - [x] Urban
  - [x] Rural
- [ ] Other

Describe

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

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

Effective Date: 10/01/2018

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

Effective Date: 10/01/2018

- [ ] No.
- [x] Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

☑ Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

An Applicant is eligible for in-home care when at least three (3) related CCDF Household members are eligible for child care assistance unless otherwise approved by the Office of Early Childhood and Out-of-School Learning (OECOSL).

☑ Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2).

Describe:

the provider must be at least eighteen (18) years old.

☐ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

Describe:

☐ Restricted to care by relatives.

Describe:

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

Describe:

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

Describe:

☑ Other.

Describe:

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

4.2 Assessing Market Rates and Child Care Costs

Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

Note - Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08). Advance approval is not required if the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.

- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.

- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.

- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care'such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.

- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.

- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.

- Describe how the alternative methodology will use current, up to date data.

- Describe the estimated reporting burden and cost to conduct the approach.

4.2.1 Please identify the methodology(ies) used below to assess child care prices and/or costs.

Effective Date: 10/01/2018

- [x] MRS
- [ ] Alternative methodology.
  Describe:

- [ ] Both.
  Describe:

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors (98.45 (e)).

Describe how the Lead Agency consulted with the:

Effective Date: 10/01/2018

a) State Advisory Council or similar coordinating body:

Indiana is utilizing the same methodology for these surveys that has been used for the past several MRS. This methodology has been previously shared with the Early Learning

Advisory Councils Funding Streams work group. Meetings have also been facilitated, with the intent of a contract, with the Indiana Youth Institute, to explore alternative methodologies to be utilized for the next market rate survey

b) Local child care program administrators:

Local child care administrators are contacted and asked to provide the rates that they charge for care in their environments. This information is collected and analyzed in order to complete the OECOSLs market rate analysis.

c) Local child care resource and referral agencies:

The local child care resource and referral agencies support the rate collection from local child cares in their catchment areas. Their input regarding the process and anomalies that are discovered assist OECOSL in completing the market rate analysis

d) Organizations representing caregivers, teachers, and directors:

Local child care administrators are contacted and asked to provide the rates that they charge for care in their environments. This information is collected and analyzed in order to complete the OECOSL's market rate analysis

e) Other. Describe:

NA

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

At the direction of OECOSL Early Learning Indiana (ELI), collects data on child care providers throughout the state including information on rates that providers charge to the public. ELI retains information about providers in the NACCRRAware Data System (NDS)

and contacts each active provider in the system at least once every six months to verify that the data collected is accurate, and update the data as needed.

OECOSL utilizes the Child Care Information System (CCIS) to maintain information on licensed, registered and CCDF-eligible child care providers in the state of Indiana. CCIS interfaces with ELI's NDS system on a daily basis to provide ELI with information on all regulated providers in the state, as well as provide the CCIS unique id for each of these providers.

In March 2018, ELI provided an extract of active providers in NDS with their rate information. The rates were for weekly, daily and hourly for the following age groups:

1. Infants
2. Toddlers
3. 3/4/5 Year Old's
4. Kindergarten
5. School Age Before/After
6. School Age Other

The extract is imported into OECOSL's Data Warehouse environment. The extract contains the unique ID for each provider that has provided rates. This enables OECOSL to determine which rates are from which provider to determine the overall response rate, which providers did not submit rates and conduct analysis on a variety of provider attributes including provider type, Quality Rating Information, county, as well as geographic region.

After the data is imported, it is validated that each record was imported and that each record is associated with a valid provider. ELI is notified of any record that is not matched with an existing provider.
An analysis is compares that compares the imported rates to existing reimbursement rates and to the rates that provider submitted in the previous market rate survey (in 2015). Rates that meet the criteria below are sent back to ELI for validation:

- Rate is 15% higher than market rate
- Rate is 15% below rate submitted last time by provider
- Rate is 15% higher than rate submitted last time by provider

Once the review is completed any rates that are confirmed to be inaccurate are updated

appropriately in the Data Warehouse.

Indiana targets a response rate of 95% from active licensed/registered providers that will share their rates. After the initial import in March, the response rate was calculated at 93.44%. However, after ELI worked the “No Response” list and removed providers with no rates to share (i.e. Head Starts), the final response rate was calculated at 95.03%. There were 4,064 providers to be surveyed, responses were received from 3,862 (excluding Head Start providers as previously mentioned).

The survey process included the below benchmarks set by the Administration for Children and Families (ACF):

1. Includes the priced market. The survey is based on data from Licensed and Registered providers. These providers conduct business with the general public, and have rates established that are not based on prior relationships with clientele. The relation of a child care customer may have more influence in the pricing for unregulated relative care, so rates from these types of providers are not considered in the survey.

2. Provides complete and current data. The data represents 95.03% of the market and is based on data that has been collected and confirmed within a recent six month period. Per the Notice of Proposed Rule Making on the CCDF program this year, 65% is considered a desirable response rate.

3. Represents geographic variation: With a 95.03% response rate, the majority of providers in the state are represented in the survey. Providers from all 9 Service Delivery Areas, all 10 CCDF intake regions and all 92 counties in the state submitted survey data.

4. Use rigorous data collection procedures: A response rate that greatly exceeded the desired rate of 65% demonstrates the rigorous data collection procedures were utilized. Communication from ELI with providers to collect rates is done via phone, face-to-face contact, email and letter, primarily relying on phone contact for this data. ELI also employs bilingual staff to communicate and collect information from non-English speaking providers.

5. Analyzes data in a manner that captures market differences. Data is analyzed per child per slot, without weight to how many children a provider serves, or has the capacity to

serve. This reflects the expected experience of families searching for child care. Since the dataset represents nearly the full population of providers, weighting the data for certain underrepresented provider types or settings is not necessary to reflect true market differences.

Effective Date: 10/01/2018

4.2.4 Describe how the market rate survey or alternative methodology reflects variations in the price or cost of child care services by:

Effective Date: 0

a) Geographic area (e.g., statewide or local markets). Describe:

Market rate survey results are by county. Each of the 92 counties in Indiana has their own unique Reimbursement Rates based on the Market Rate Survey for that county.

b) Type of provider. Describe:

The Market Rate Survey is also broken out by provider type for each county

c) Age of child. Describe:

The Market Rate Survey is also broken out by age group.

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

PTQ rating level variations are considered for tiered reimbursement.

4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child)

necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, pre-K standards, Head Start performance standards, or State defined quality measures.)

Effective Date: 10/01/2018

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)). by responding to the questions below.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). 06/28/2018

b) Date the report containing results was made widely available - no later than 30 days after the completion of the report. 07/17/2018

c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The detailed report was posted on the Lead Agencies webpage. at http://www.in.gov/fssa/2552.htm

d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

This Market Rate Survey and the methodology has been previously shared with the Early Learning Advisory Councils Funding Streams work group and other stakeholders. Views and comments from these meeting were taken into account when completing the detailed report on market rates and the analysis.

Meetings have also been facilitated, with the intent of a contract, with the Indiana Youth Institute, to explore alternative methodologies to be utilized for the next market rate survey

4.3 Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. Percentiles are not required if the Lead Agency conducted an alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an alternative methodology. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an alternative methodology, then reporting of percentiles is not required.

Effective Date: 09/01/2019

a) Infant (6 months), full-time licensed center care in the most populous geographic region
Rate $ 247.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 25.68%

b) Infant (6 months), full-time licensed FCC home in the most populous geographic region
Rate $ 130.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 39.94%

c) Toddler (18 months), full-time licensed center care in the most populous geographic region
Rate $ 223.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 25.81%

d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region
Rate $ 125.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 44.76%

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region
Rate $ 176.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 27.19%

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region
Rate $ 100.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 37.80%

g) School-age child (6 years), full-time licensed center care in most populous geographic region
Rate $ 166.00 per week unit of time (e.g., daily, weekly, monthly, etc.)

Percentile of most recent MRS: 39.13%

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region
Rate $ 100.00 per week unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 68.45%

i) Describe how part-time and full-time care were defined and calculated.

Full-Time Weekly is defined as child care provided for 25 hours or more per week. Sunday through Saturday, for non-school age children or school-age children when school is not in session or when care is required during non-traditional hours. For school-age children, when school is in session, full-time weekly is defined as ten (10) hours or more per week Sunday through Saturday. Part time rates is defined as hourly or daily for child care provided for less than 25 hours a week for non school age children or school age children when school is not in session. For school-age children, when school is in session, part time is defined as less than ten (10) hours per week Sunday through

Saturday. Hourly is defined as less than 4 hours per day. Daily is defined as 4 hours or more per day.

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). 10/01/2018

k) Identify the most populous area of the state used to complete the responses above.

Marion County

l) Provide the citation or link, if available, to the payment rates.

http://www.in.gov/fssa/carefinder/3900.htm

m) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

NA

4.3.2 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

Effective Date: 10/01/2018

☐ Differential rate for *non-traditional hours*.

Describe:

☑ Differential rate for *children with special needs*, as defined by the state/territory.

Describe:

Reimbursement to child care providers caring for children with special needs may exceed the market rate by 10%. This determination is made by the Automated Intake System (AIS) based upon the provider's charges as recorded by the Intake Agent.

☐ 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:

☐ 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:

☑ Differential rate for higher quality, as defined by the state/territory.

Describe:

The percentiles for licensed providers enrolled in the Paths to QUALITY program increases as Level increases, though more so for Centers than Homes. Centers at Levels 3 and 4 are at the 88th and 84th percentiles respectively, while homes that attained these same ratings are at the 72nd and 65th.

Similar to the licensed providers, the percentiles for Ministries enrolled in the Paths to QUALITY program dramatically increases as the Level increase. Those at the highest Levels (3 and 4) are at the 89th and 93rd percentiles respectively.

☑ Other differential rates or tiered rates.

Describe:

Reimbursement rate for child care providers participating in On My Way Pre-K are 10% above the CCDF rate of the same provider type

☐ Tiered or differential rates are not implemented.

4.4 Summary of Facts Used To Determine That Payment Rates Are Sufficient To Ensure Equal Access

4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):

Effective Date: 10/01/2018

a) Describe how a choice of the full range of providers eligible to receive CCDF is made available; the extent to which eligible child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices.

Payment rates that are sufficient to ensure equal access are rates and practices that encourage providers to participate in the CCDF program, families with CCDF vouchers select a variety of provider types and are enrolled in highly rated PTQ programs. OECOSL sets base rates, but are encouraging families to choose high quality rated programs. Over 54% of children in the CCDF are enrolled at programs with PTQ Levels 2 or higher. OECOSL provides higher levels of support for programs who choose to provide high quality services and join PTQ quality rating and improvement system. Lastly, families have reduced out-of-pocket costs when enrolling their children in highly rated programs by tiering reimbursement rates to reduce overage charges. The Lead Agency utilizes administrative data to monitor provider participation and the quality rating levels of selected programs.

Indiana targets a response rate of 95% from active licensed/registered providers that will share their rates. After the initial import in March, the response rate was calculated at 93.44%. However, after working the "No Response" list and removal of providers with no rates to share (i.e. Head Starts), the final response rate was calculated at 95.03%. There were 4,064 providers to be surveyed, responses were received from 3,862 (excluding Head Start providers as previously mentioned).

Authorized CCDF providers by type***: Licensed Centers: 611; Licensed Homes: 2,390;

Registered Ministries: 370; Exempt Centers: 415; Exempt Homes: 123
Percent of providers participating in CCDF***: Licensed Centers: 83.7 %; Licensed Homes: 92.2 %;
Registered Ministries: 53.5 %

Based on the percentages above, barriers are at a minimum, as there is a large percentage of licensed homes and licensed centers that participate in the CCDF program. For registered ministries the lower percentage of participation exemplifies a lower rate of participation due to additional requirements that must be met by the program.

b) Describe how payment rates are adequate and have been established based on the **most recent MRS or alternative methodology** . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.
Analysis is conducted on the rates to determine the percentile of the current reimbursement rates by many different categories, including provider type, PTQ level, age group, geographic region, county, county size and combinations of these categories. Other analysis includes comparisons of average rates, comparisons of survey data received and analysis on the part-time rates. Results are also compared with previous year calculations.
Indiana has established weekly, daily and hourly CCDF Reimbursement rates in six age group categories for 16 different provider types in each of the 92 counties in the state. In this structure, there are a total of 8,932 rates established for CCDF subsidy reimbursements. OECOSL recognizes there are significant rate differences in the child care market when you compare counties, provider types and levels of quality. All of these have factored into the development of such a diverse set of rates which is intended to provide families receiving CCDF subsidy with access to quality child care for their child close to home.

According to our MRS, 5.09% of child care providers report hourly rates. While the majority of our subsidy recipients need part or full-time care, 2.33% of parents report the need for hourly care, that is care totaling less then 4 hours per week. The hourly payment noted in our plan is available to cover these rare instances where the parent does not need part or full-time care and have a provider willing to accommodate their hourly

schedule.

The initial analysis revolved around determining the percentile of the current reimbursement rates for Licensed Centers and Homes based on the data collected in the 2018 market rate survey. The percentile represents the number of rates in the survey that are at or below the reimbursement rate for the same age group, county and provider of the same facility type. Weekly rates were emphasized most during review, since they represent over 95% of CCDF vouchers in Indiana (29,032 out of 30,189 active vouchers as of 4/13/18). In the remainder of the report, only weekly rates are analyzed unless specifically stated otherwise.
The percentile was determined to be 75.1% for Licensed Centers and 52.7% for Licensed Homes. In other words, 75.1% of the Licensed Center rates collected in the 2018 market rate survey were at or below the current reimbursement rate for the selected age group in that county for the same provider type. Likewise 52.7% of the rates in the survey were at or below the equivalent reimbursement rate for licensed homes. The percentile for all licensed providers was determined to be 55.8%. With a much larger population of Licensed Homes than Licensed Centers in Indiana, the percentile for all licensed facilities is heavily weighted to be skewed toward the Licensed Home percentile. At the time of the survey, there were 2,664 Licensed Homes and 711 Licensed Centers (Source: Feb 2018 Monthly/YTD Licensing Report).
The percentiles for licensed providers enrolled in the Paths to QUALITY program increases as Level increases, though more so for Centers than Homes. Centers at Levels 3 and 4 are at the 88th and 84th percentiles respectively, while homes that attained these same ratings are at the 72nd and 65th.

Authorized CCDF providers by type:
Licensed Centers: 611; Licensed Homes: 2,390;
Registered Ministries: 370; Exempt Centers: 415; Exempt Homes: 123
Percent of providers participating in CCDF:
Licensed Centers: 83.7 %; Licensed Homes: 92.2 %;
Registered Ministries: 53.5 %

While the Lead Agency believes that payment rates are adequate and allow families to access providers based on the percentages above, base rates for Infants and Toddlers in Center based care were raised to ensure equal access.

Click on the following link to see the 2018 Market Rate Report for Indiana
https://www.in.gov/fssa/files/MR_Report_Indiana_2018.pdf

c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF.

CCDF rates were increased for Infants and Toddlers in Center based care. Analysis is conducted on the rates to determine the percentile of the current reimbursement rates by many different categories, including provider type, PTQ level, age group, geographic region, county, county size and combinations of these categories. Other analysis includes comparisons of average rates, comparisons of survey data received and analysis on the part-time rates. Results are also compared with previous year calculations.

Indiana has established weekly, daily and hourly CCDF Reimbursement rates in six age group categories for 16 different provider types in each of the 92 counties in the state. In this structure, there are a total of 8,932 rates established for CCDF subsidy reimbursements. OECOSL recognizes there are significant rate differences in the child care market when you compare counties, provider types and levels of quality. All of these have factored into the development of such a diverse set of rates which is intended to provide families receiving CCDF subsidy with access to quality child care for their child close to home.

The initial analysis revolved around determining the percentile of the current reimbursement rates for Licensed Centers and Homes based on the data collected in the 2018 market rate survey. The percentile represents the number of rates in the survey that are at or below the reimbursement rate for the same age group, county and provider of the same facility type. Weekly rates were emphasized most during review, since they represent over 95% of CCDF vouchers in Indiana (29,032 out of 30,189 active vouchers as of 4/13/18). In the remainder of the report, only weekly rates are analyzed unless specifically stated otherwise. The percentile was determined to be 75.1% for Licensed Centers and 52.7% for Licensed Homes. In other words, 75.1% of the Licensed Center rates collected in the 2018 market rate survey were at or below the current reimbursement rate for the selected age group in that county for the same provider type. Likewise 52.7% of the rates in the survey were at or below the equivalent reimbursement rate for licensed homes.

The percentile for all licensed providers was determined to be 55.8%. With a much larger

population of Licensed Homes than Licensed Centers in Indiana, the percentile for all licensed facilities is heavily weighted to be skewed toward the Licensed Home percentile. At the time of the survey, there were 2,664 Licensed Homes and 711 Licensed Centers (Source: Feb 2018 Monthly/YTD Licensing Report).

Licensed providers are reimbursed at the base rate. All providers being paid at the base rate have to meet the health, safety, quality and staffing requirements under CCDF per Indiana laws and rules. These are the minimum health, safety, quality and staffing requirements. With participation in Paths to Quality(PtQ) a greater emphasis is placed upon the health, safety, and education of children. As programs progress into higher levels of PTQ additional professional development is required along with greater knowledge of setting up the environment to support the wellbeing of the child. Indiana also allows providers being reimbursed through CCDF to charge families the difference between the provider charges and what the CCDF subsidy pays the provider.

The percentiles for licensed providers enrolled in the Paths to QUALITY program increases as Level increases, though more so for Centers than Homes. Centers at Levels 3 and 4 are at the 88th and 84th percentiles respectively, while homes that attained these same ratings are at the 72nd and 65th.The Lead Agency utilizes a tiered rate that is reflective of increases in quality care.

According to our MRS, 5.09% of child care providers report hourly rates. While the majority of our subsidy recipients need part or full-time care, 2.33% of parents report the need for hourly care, that is care totaling less then 4 hours per week. The hourly payment noted in our plan is available to cover these rare instances where the parent does not need part or full-time care and have a provider willing to accommodate their hourly schedule.

Click on the following link to see the 2018 Market Rate Report for Indiana
https://www.in.gov/fssa/files/MR_Report_Indiana_2018.pdf

d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For States without a QRIS, the States may use other quality indicators (e.g.

provider status related to accreditation, Pre-K standards, Head Start performance standards, or State defined quality measures).
The percentiles for licensed providers enrolled in the Paths to QUALITY program increases as Level increases, though more so for Centers than Homes. Centers at Levels 3 and 4 are at the 88th and 84th percentiles respectively, while homes that attained these same ratings are at the 72nd and 65th.

Similar to the licensed providers, the percentiles for Ministries enrolled in the Paths to QUALITY program dramatically increases as the Level increase. Those at the highest Levels (3 and 4) are at the 89th and 93rd percentiles respectively.

Indiana targets a response rate of 95% from active licensed/registered providers that will share their rates. After the initial import in March, the response rate was calculated at 93.44%. However, after ELI worked the "No Response" list and removed providers with no rates to share (i.e. Head Starts), the final response rate was calculated at 95.03%. There were 4,064 providers to be surveyed, responses were received from 3,862 (excluding Head Start providers as previously mentioned).
The survey process included the below benchmarks set by the Administration for Children and Families (ACF):
1. Includes the priced market. The survey is based on data from Licensed and Registered providers. These providers conduct business with the general public, and have rates established that are not based on prior relationships with clientele. The relation of a child care customer may have more influence in the pricing for unregulated relative care, so rates from these types of providers are not considered in the survey.
2. Provides complete and current data. The data represents 95.03% of the market and is based on data that has been collected and confirmed within a recent six month period. Per the Notice of Proposed Rule Making on the CCDF program this year, 65% is considered a desirable response rate.
3. Represents geographic variation: With a 95.03% response rate, the majority of providers in the state are represented in the survey. Providers from all 9 Service Delivery Areas, all 10 CCDF intake regions and all 92 counties in the state submitted survey data.

4. Use rigorous data collection procedures: A response rate that greatly exceeded the desired rate of 65% demonstrates the rigorous data collection procedures were utilized. Communication from ELI with providers to collect rates is done via phone, face-to-face

contact, email and letter, primarily relying on phone contact for this data. ELI also employs bilingual staff to communicate and collect information from non-English speaking providers.

5. Analyzes data in a manner that captures market differences. Data is analyzed per child per slot, without weight to how many children a provider serves, or has the capacity to serve. This reflects the expected experience of families searching for child care. Since the dataset represents nearly the full population of providers, weighting the data for certain underrepresented provider types or settings is not necessary to reflect true market differences.

The percentages were increased to better accomodate provider rates as noted below in the market rate methodology. Indiana's full Market Rate Report can be accessed at this link: https://www.in.gov/fssa/files/MR_Report_Indiana_2018.pdf

e) How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds (98.16 (k))? Check all that apply.

- [ ] Limit the maximum co-payment per family.

  Describe: .

- [x] Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

  The co-pay for a family who earns above 100% of poverty will remain at the same percentage for the first three (3) years, which ranges from 5% of income (for families earning between 100-109% FPL) up to 19% of income (for families earning 85% SMI). At the beginning of the fourth year on the program, a family's copayment will increase 1% for each year the family receives benefits. This graduated cost sharing smooths the "cliff" and the burden of the full cost of care once a family reaches 85% SMI and is terminated from the program.

- [x] Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.1.7.

When a famly's income at redetermination is determined to exceed intial eligibility, however is less than 85% SMI, the family's copayment will gradually increase based on the CCDF family's income exceeding 127% of the FPL guideline and their years of CCDF participation. This is meant to gradually increase the family's share of their child care cost while taking into consideration their child care cost.

☑ Other.

Describe:

To help families transition from assistance, the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period at redetermination based on the families gross income and years on CCDF.

f) To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

☐ No

☑ Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

Payment rates that are sufficient to ensure equal access are rates and practices that encourage providers to participate in the CCDF program, families with CCDF vouchers select a variety of provider types and are enrolled in highly rated PTQ programs. OECOSL sets base rates, but are encouraging families to choose high quality rated programs. Over 54% of children participating in CCDF are enrolled at programs with PTQ Levels 2 or higher. OECOSL provides higher levels of support for programs who choose to provide high quality services and join our PTQ quality rating and improvement system. Lastly, families have reduced out-of-pocket costs when enrolling their children in highly rated providers by tiering reimbursement rates to reduce overage charges. The Lead Agency utilizes administrative data to monitor provider participation rates and the types and rating levels of selected programs.

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

Approximately 47% of the entire population of children currently receiving direct CCDF services have at least one active voucher with a positive overage amount. The average overage amount per child for that 47% is currently $28.96.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

Payment rates that are sufficient to ensure equal access are rates and practices that encourage providers to participate in the CCDF program, families with CCDF vouchers select a variety of provider types and are enrolled in highly rated PTQ programs. OECOSL sets base rates, but are encouraging families to choose high quality rated programs. Over 54% of children participating in CCDF are enrolled at programs with PTQ Levels 2 or higher. OECOSL provides higher levels of support for programs who choose to provide high quality services and join our PTQ quality rating and improvement system. Lastly, families have reduced out-of-pocket costs when enrolling their children in highly rated providers by tiering reimbursement rates to reduce overage charges. The Lead Agency utilizes administrative data to monitor provider participation rates and the types and rating levels of selected programs.

The Lead Agency estimates that, for all active, non-OMW children, there are approximately ~$197.4 M in subsidy obligations and ~$18.8 M in calculated overages across each active child's current subsidy period. After calculating how many weeks' worth of obligations were applied to each child, the Lead Agency determined the average weekly subsidy to be $129.80 for all these kids. Finally, after dividing the ~$18.8 M in overages by 53 weeks' worth of this average amount, The Lead Agency determined that the currently active child count would need to drop by roughly 2,730 kids to eliminate overages altogether, which would reduce the overall population that could be supported with CCDF subsidy as a result (by roughly 9%).

g) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers.

The Lead Agency contracts with Conduent to make payments every 2 weeks based on electronically recorded attendance. Payment is made within 18 days of the receipt of the invoice. The Lead Agency tracks payments made by Xerox through reports generated out of the Electronic Payment Processing and Information Control (EPICC), our electronic time and attendance system. Billing is automated through the electronic time and attendance system and providers are paid bi-weekly through direct deposit. All CCDF eligible providers receive a POS terminal at no cost and a CCDF Provider Manual which has information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process.
CCDF child care providers also have access to a CCDF provider website where the child care provider can log into their account and see child care voucher details for children that are attending their child care program which includes time and attendance and payment data for each child in their program participating in CCDF.

Based on an analysis of the data from Indiana's 2018 Market Rate Report (https://www.in.gov/fssa/files/MR_Report_Indiana_2018.pdf), the Lead Agency has determined, based on the amount of providers who had hourly vouchers assigned to them and who either reported hourly rates or needed hourly vouchers (which is approximately 40% of licensed centers, 19% of licensed homes and 27% of registered ministries in the previous three year period) that hourly payments are a generally accepted practice for up to 40% of providers. These percentages include those providers offering before and after school care and/or nontraditional hours. The Lead Agency, in an attempt to address the needs of all providers, also offers daily rates, weekly rates, and "other" rates as well as the hourly rates.

h) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

- [x] Geographic area.

Describe:

Payment rates are based on local market rates surveys for each county. The Market rate survey collects rates based on provider type, age of child and PTQ Level. There are payment rates set for all 92 counties in Indiana

☑ Type of provider.

Describe:

Payment rates are based on local market rates surveys for each county. The Market rate survey collects rates based on provider type, age of child and PTQ Level. Indiana has payment rates based on provider type.

☑ Age of child.

Describe:

Payment rates are based on local market rates surveys for each county. The Market rate survey collects rates based on provider type, age of child and PTQ Level. Indiana has payment rates based on the age of the child.

☑ Quality level.

Describe:

Payment rates are based on local market rates surveys for each county. The Market rate survey collects rates based on provider type, age of child and PTQ Level. Indiana has payment rates based on the level of quality of the provider.

☐ Other.

Describe:

i) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access. Check all that apply and describe:

☐ Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS.

Describe:

☐ Based on the approved alternative methodology, payments rates ensure equal access.

Describe:

☐ Feedback from parents, including parent surveys or parental complaints.

Describe:

☑ Other.

Describe:

CCDF rates were increased for Infants and Toddlers in Center based care to ensure equal access.

4.5 Payment Practices and the Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)).

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.5.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

Effective Date: 10/01/2018

a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

☐ Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

☑ Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

Payments are made bi-weekly through direct deposit into the provider's bank account within 18 days of the invoice. The Lead Agency contracts with Conduent to make payments every 2 weeks based on electronically recorded attendance. Payment is made within 18 days of the receipt of the invoice.

b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

☐ Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

☐ Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

☐ Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

☑ Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

Provider payments are delinked from a child's occasional absence through Indiana's business rule for the number of hours of attendance required for full time payment. Providers are paid a full time rate for any non-school age child who attend at least 25 hours per week. Providers are paid a full time rate for school age children who attend at least 10 hours a week during the school year). Provider payments are delinked to occasional absences through the use of paid personal days, paid holidays and paid inclement weather days. Families receive 20 absence days and providers receive 6 paid holidays and up to six inclement weather days as needed.

c) The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Full-Time Weekly is defined as child care provided for 25 hours or more per week. Sunday through Saturday, for non-school age children or school-age children when school is not in session or when care is required during non-traditional hours. For school-age children, when school is in session, full-time weekly is defined as ten (10) hours or more per week Sunday through Saturday. Part time rates is defined as hourly or daily for child care provided for less than 25 hours a week for non school age children or school age children when school is not in session. For school-age children, when school is in session, part time is defined as less than ten (10) hours per week Sunday through Saturday. Hourly is defined as less than 4 hours per day. Daily is defined as 4 hours or more per day. Families receive 20 absence days and providers receive 6 paid holidays and up to six inclement weather days as needed.

Based on an analysis of the data from Indiana's 2018 Market Rate Report (https://www.in.gov/fssa/files/MR_Report_Indiana_2018.pdf), the Lead Agency has

determined, based on the amount of providers who had hourly vouchers assigned to them and who either reported hourly rates or needed hourly vouchers (which is approximately 40% of licensed centers, 19% of licensed homes and 27% of registered ministries in the previous three year period) that hourly payments are a generally accepted practice for up to 40% of providers. These percentages include those providers offering before and after school care and/or nontraditional hours. The Lead Agency, in an attempt to address the needs of all providers, also offers daily rates, weekly rates, and "other" rates as well as the hourly rates.

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

3.9.3 EXCLUDED PROVIDER CHARGE POLICY

CCDF Eligible Providers charging registration costs, mandatory fees, and other optional child care expenses such as art and gymnastics programs or transportation costs cannot be paid through CCDF subsidy but may be charged directly to the parent

88% 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.

d) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe:

The Lead Agency contracts with Conduent to make payments every 2 weeks based on electronically recorded attendance. Payment is made within 18 days of the receipt of the invoice. The Lead Agency tracks payments made by Xerox through reports generated out of the Electronic Payment Processing and Information Control (EPICC), our electronic time and attendance system. Billing is automated through the electronic time and attendance system and providers are paid bi-weekly through direct deposit. All CCDF eligible providers receive a CCDF Provider Manual which has information regarding provider payment policies, including rates, schedules, any fees charged to

providers, and the dispute-resolution process.

e) The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.
Describe:
Providers are notified of changes in a CCDF family's eligibility status including a denial of services, a potential termination or services at least ten (10) calendar days before an action is taken

f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:
If a provider feels they have been paid incorrectly the provider can log into a provider website and enter late attendance for time that was not recorded appropriately by the parent. The parent can then log into a parent website or utilizes IVR through their phone and approve the late attendance/ discrepancy. The provider will be paid for any approved discrepancies on their next payment. The Lead Agency also has the ability to enter and/or approve any late attendance for payment. A provider can also appeal to the Lead Agency if they still feel they have been paid incorrectly.

g) Other. Describe:
NA

4.5.2 Do payment practices vary across regions, counties, and/or geographic areas?

Effective Date: 10/01/2018

- [x] No, the practices do not vary across areas.
- [ ] Yes, the practices vary across areas.

Describe:

4.6 Supply-Building Strategies to Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours (658 E(c)(2)(M); 98.16 (x)).

4.6.1 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.

Effective Date: 10/01/2018

☑ In licensed family child care.

Early Learning Indiana (ELI) has partnered with the Indiana Business Research Center (IBRC) to complete a child care desert study. Through that study, OECOSL will be able to determine shortages in licensed family child care by looking at the relationship between child populations (census data) and supply of child care. In addition to IBRC data, ELI as the CCR&RCO also utilizes a robust data base from Child Care Aware of America (CCAoA) called NACCRRAware that goes into detail about providers and their capacity and availability.

☑ In licensed child care centers.

Early Learning Indiana (ELI) has partnered with the Indiana Business Research Center (IBRC) to complete a child care desert study. Through that study, OECOSL will be able to determine shortages in licensed family child care by looking at the relationship between child populations (census data) and supply of child care. In addition to IBRC data, ELI as the CCR&RCO also utilizes a robust data base from Child Care Aware of America (CCAoA) called NACCRRAware that goes into detail about providers and their capacity and availability.

☐ Other.

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

Effective Date: 10/01/2019

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

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☑ Technical assistance support.

Describe:

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

☑ Recruitment of providers.

Describe:

The Lead Agency contracts with 5 grantees around the state that represent all 92 counties and provide child care resource and referral services to parents,

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

☑ Tiered payment rates (as discussed in 4.3.2).

Describe:

The Lead Agency contracts with 5 grantees around the state that represent all 92 counties and provide child care resource and referral services to parents, communities and ECE programs. In addition the Lead Agency contracts with another grantee that supports all 92 counties with technical assistance focused on quality improvements through coaching, mentoring and cohort learning. In addition, the Lead Agency contracts with another grantee that supports all 92 counties with access to education, accreditation and workforce supports. Through this network of agencies technical assistance is provided to child care providers in underserved areas identified throughout the state and to build capacity in these areas. Through SPARK Learning Lab and access to other network supports coaching is provided to child care providers to encourage them to enroll in the Path to Quality system or to encourage providers to move up levels in Paths to Quality in order to receive high rates of reimbursement through participation as a CCDF eligible providers.

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

Describe:

The Lead Agency contracts with 5 grantees around the state that represent all 92 counties and provide child care resource and referral services to parents, communities and ECE programs. In addition the Lead Agency contracts with another grantee that supports all 92 counties with technical assistance focused on quality improvements through coaching, mentoring and cohort learning. In addition, the Lead Agency contracts with another grantee that supports all 92 counties with access to education, accreditation and workforce supports. Through this network of

agencies technical assistance and through an online training platform child care providers can access trainings and supports aimed at improving business practices.

☑ Accreditation supports.

Describe:

The Lead Agency contracts with the Indiana Assiociation for the Education of Young Children(IAEYC) to administer the Indiana Accreditation Project. This project awards scholarships to eligible early care and education facilities seeking a Paths to QUALITY™ Level 4 rating for all steps of the national accreditation process, including on-going maintenance costs. This project also includes targeted and individualized coaching for those seeking accreditation.

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☑ Other.

Describe:

Early Learning Indiana (ELI) has partnered with the Indiana Business Research Center (IBRC) to complete a child care desert study. Through that study, OECOSL will be able to determine children in underserved areas by looking at the relationship between child populations (census data) and supply of child care. ELI also utilizes software supplyed by Child Care Aware of America (CCAoA) called NACCRRAware that supplies data that is detailed regarding provider capacity and availability.

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

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

☑ Grants and contracts (as discussed in 4.1.3).

Describe:

the Lead Agency has 20 contracts with child care providersthroughout the state to increase the supply and improve the quaility of child care providers caring for infants and toddlers.

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☑ Technical assistance support.

Describe:

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

☑ Recruitment of providers.

Describe:

The Lead Agency contracts with 5 grantees around the state that represent all 92 counties and provider child care resource and referral services to parents, communities, and ECE programs. In addition the Lead Agency contracts with another grantee that supports all 92 counties with technical assistance focused on quality improvements through coaching, mentoring and cohort learning. Through this network of agencies technical support is provided to child care providers serving infants and toddlers and to build capacity and recruit providers throughout

the state.

☑ Tiered payment rates (as discussed in 4.3.2) .

Describe:

The Lead Agency contracts with 5 grantees around the state that represent all 92 counties and provide child care resource and referral services to parents, communities and ECE programs. In addition the Lead Agency contracts with another grantee that supports all 92 counties with technical assistance focused on quality improvements through coaching, mentoring and cohort learning. The Lead Agency also contracts with another grantee that supports all 92 counties with access to education, accreditation and workforce supports. Through this network of agencies technical assistance is provided to child care providers in underserved areas identified throughout the state and to build capacity in these areas. Through SPARK Learning Lab and access to other network supports coaching is provided to child care providers to encourage them to enroll in the Path to Quality system or to encourage providers to move up levels in Paths to Quality in order to receive high rates of reimbursement through participation as a CCDF eligible providers.

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

Describe:

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

☑ Accreditation supports.

Describe:

The Lead Agency contracts with the Indiana Assiociation for the Education of

Young Children(IAEYC) to administer the Indiana Accreditation Project. This project awards scholarships to eligible early care and education facilities seeking a Paths to QUALITY™ Level 4 rating for all steps of the national accreditation process, including on-going maintenance costs. This project also includes targeted and individualized coaching for those seeking accreditation.

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☑ Other.

Describe:

HEA 1004 allocated funding to support the supply building of high quality care throughout the State. These funds are being utilized in a competitive grant process by which any provider, community coalition, or non-profit agency can apply to support either increasing the number of children served or the number of high quality providers that are available. IBRC child care desert research project will be used, along with the ELI Data Center that includes US Census population data (demand), and compares it to the National Date System for Child Care (NDS) (NACCRRAware) supply data. Since capacity/enrollment data is collected by age groups in NDS, OECOSL is able to look at the capacity available specific to infants/toddlers and compare it to the need of that population. OECOSL will also continue using visual mapping to identify where the supply of care is currently located relative to where the population/high needs areas are. The Indiana Child Care Resource and Referral (CCR&R) system will then utilize available resources to identify where they should focus their efforts related to marketing and recruitment

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

c) Children with disabilities. Check and describe all that apply.

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☑ Technical assistance support.

Describe:

SPARK Learning Lab will work with all ECE programs which increase their awareness and skills in supporting children with children with disabilities. Through face to face or distance learning solutions that provide universal skill building, group cohort learning and intensive support opportunities ECE programs will have access to specialized consultation and coaching that will allow them to provide increased care and education to this population of children and their families.

☐ Recruitment of providers.

Describe:

☐ Tiered payment rates (as discussed in 4.3.2).

Describe:

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

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☑ Other.

Describe:

SPARK Learning Lab works to increase the awareness, knowledge and education of ECE programs as it relates to caring for children with disabilities. Through the tiered level of supports offered ECE programs have access to specialized consultation, coaching and training that will allow them to provide better care for this population. In working with families, the CCR&R system provides enhanced referrals for families caring for children with special needs. This included enhanced consumer education, as well as access to information about availability of programs that have available slots to support families with complex needs

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

d) Children who receive care during non-traditional hours.Check and describe all that apply

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☐ Technical assistance support.

Describe:

☐ Recruitment of providers.

Describe:

☐ Tiered payment rates (as discussed in 4.3.2) .

Describe:

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

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☑ Other.

Describe:

IBRC's child care desert project will assist; the CCR&R system has previously used reporting from the National Data System (NDS) to identify where non-traditional care hours are currently available, compared to the need expressed by families that utilized the CCR&R system for phone or face to face referrals. Additional workforce/commuting data points will be added to the Early Learning Indiana (ELI) Data Center to provide awareness of areas of the state dependent upon non-traditional hours of care. This data center also utilizes NACCRRAware data from Child Care Aware of America that offers near real time data on non-traditional availability.

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

e) Other. Check and describe all that apply:

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☐ Technical assistance support.

Describe:

☐ Recruitment of providers.

Describe:

☐ Tiered payment rates (as discussed in 4.3.2).

Describe:

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

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☐ Other.

Describe:

4.6.3 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.

Effective Date: 10/01/2018

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

US Census Bureau data indicatesareas that have high unemployment.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

The Lead Agency utilizes a variety of investments in collaboration with many partners to increase access to high quality programs in areas of concentrated poverty and unemployment. The Lead Agency, in partnership with the CCR&R state network, strives to increase the capacity of high quality programs within identified areas of high need. CCR&Rs provide focused provider recruitment and the use of a technical assistance in targeted high need areas within their regions. The Quality Continuum Framework is used by the CCR&R network to build the availability of high quality programs in these areas. The Quality Continuum Framework is a process used to move child care providers from non-licensure to licensure or voluntary certification, PTQ enrollment to higher levels of quality and ultimately the highest rating level of PTQ. The Lead Agency sets and monitors the achievement of key benchmarks for each CCR&R agency to promote licensure/certification, PTQ participation and PTQ level advancement. The Lead Agency has partnered with other agencies, such as Early Learning Indiana, and others to provide capacity building grants. The Lead Agency, through the CCR&R networks, provides comprehensive referrals for all families, including those with CCDF vouchers or those looking for care during non-traditional hours, care for an infant, toddler or for a child with special needs. Face-to-face referrals are also offered to families receiving TANF work benefits (the Indiana TANF Impact program). These referrals have shown to be successful at increasing family awareness on the importance of high quality programs and specifically about the PTQ system. Enhanced referrals have helped to increase the

number of families selecting highly rated PTQ provider. In addition to initiatives designed to build high quality capacity in high need areas and help families that live and work in these areas to locate high quality programs, the Lead Agency provides support to existing high quality providers through contracts to support sustainability and ongoing access for children with CCDF vouchers. Level 4 PTQ providers operating in identified areas of high need are eligible to participate in the CCDF Agreement Center program in which a certain number of CCDF slots are available to providers at all times. Additionally these agreements are available to support Level 4 Paths to QUALITY providers participating in the Head start and Early Head Start- Child Care Partnership grants in order to support extend hours to children from CCDF eligible families. This plan will make full working day and full calendar year services available to children enrolled in an Early Head Start-Child Care Partnership program and allow additional children access to comprehensive services. Additionally, the Lead Agency supports access to high quality programs through tiered CCDF child care subsidy payments. These tiered rates support quality improvement and sustainability for highly rated programs while also reducing the likelihood of CCDF family out-of-pocket costs by greatly reducing overage. As part of the PTQ evaluation, Purdue University researches family awareness of and experience with PTQ including a review of utilization of highly rated providers by families with CCDF vouchers. This is done to ensure access to high quality programs for low income families. CCDF vouchers are allocated in proportion to the local need. Families enrolled in the TANF Impact program and are participating in activities to gain employment or better employment are given the highest priority and expedited CCDF services. The Lead Agency partners with organizations' such as Goodwill Industries to support programs and seek additional funding opportunities for low income families participating in programming such as Nurse Family Partnerships and job training.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development

of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children, whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for providers of child care in a state or territory and then moves to focus in on CCDF providers who may be licensed, exempt from licensing, or relative providers. The section then covers the health and safety requirements and training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Lead Agencies are also asked to describe any exemptions for relative providers (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children.

Note: When responding to questions in this section, the OCC recognizes that each State/Territory identifies and defines its own categories of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements are in effect for all child care staff members that are licensed, regulated or registered under state/territory law and all other providers eligible to deliver CCDF services.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day;

and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check all that apply and provide a citation to the licensing rule.

Effective Date: 10/01/2018

☑ Center-based child care.

Describe and Provide the citation:

IC 12-7-2-28.4 Child care center Sec. 28.4. "Child care center", for purposes of IC 12-17.2, means a nonresidential building where at least one (1) child receives child care from a provider: (1) while unattended by a parent, legal guardian, or custodian; (2) for regular compensation; and (3) for more than four (4) hours but less than twenty-four (24) hours in each of ten (10) consecutive days per year, excluding intervening Saturdays, Sundays, and holidays. As added by P.L.20-1992, SEC.8; P.L.81-1992, SEC.8. Amended by P.L.1-1993, SEC.72; P.L.136-1993, SEC.1; P.L.1-1994, SEC.48; P.L.247-2001, SEC.4.

☑ Family child care.

Describe and Provide the citation:

IC 12-7-2-28.6 Child care home Sec. 28.6. (a) "Child care home", for purposes of IC 12-17.2, means a residential structure in which at least six (6) children (not including the children for whom the provider is a parent, stepparent, guardian, custodian, or other relative or any child who is at least fourteen (14)years of age and does not require child care) at any time receive child care from a provider: (1) while unattended by a parent, legal guardian, or custodian; (2) for regular compensation; and 3) for more than four (4) hours but less than twenty-four (24) hours in each of ten (10) consecutive days per year, excluding intervening Saturdays, Sundays, and holidays. (b) The term includes: (1) a class I child care home; and (2) a class II child care home. As added by P.L.20-1992, SEC.9 and P.L.81-1992, SEC.9. Amended by P.L.1-1993,SEC.73; P.L.136-1993, SEC.2; P.L.124-2007, SEC.1.

☐ In-home care (care in the child's own home).

Describe and provide the citation (if applicable):

5.1.2 Describe if any providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

Effective Date: 10/01/2018

Note: Additional information about exemptions related to CCDF providers is required in 5.1.3.

Per IC 12-17.2-2-1 the Division shall administer the licensing and monitoring of child care centers and child care homes.

The following provider types are exempt from licensure: IC 12-17.2-2-8 Licensure exemptions-that meet Provider Eligibility Standards under IC 12-17.2-3.5 Sec. 8. The division shall exempt from licensure the following programs:

(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. (8) A child care home if the provider:

(A) does not receive regular compensation;

(B) cares only for children who are related to the provider;

(C) cares for less than six (6) children, not including children for whom the provider is a parent, stepparent, guardian, custodian, or other relative; or
(D) operates to serve migrant children.
(9) A child care program operated by a public or private secondary school that:
(A) provides day care on the school premises for children of a student or an employee of the school;
(B) complies with health, safety, and sanitation standards as determined by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter; and
(C) substantially complies with the fire and life safety rules as determined by the state fire marshal under rules adopted by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter.
(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. As added by P.L.1-1993, SEC.141. Amended by P.L.61-1993, SEC.8; P.L.136-1993, SEC.6; P.L.2-1995, SEC.50; P.L.50-2001, SEC.1; P.L.1-2005, SEC.136.

These exemptions do not endanger the safety or health of children receiving CCDFproviders 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 requirementsas required by the 2014 CCDBG Reauthorization to protect the well being of children incare including but not limited to:

1. *Staff to child ratios and group size,*
2. *Active supervision,*
3. *Comprehensive criminal history checks,*
4. *Minimum age and education requirements of caregivers, On-going annual training requirements,*

Required orientation including trainings such as CPR, First Aid, Safe Sleep,Child Abuse Detection and Prevention,

1. *A safe environment that does not jeopardize the well-being of children,*
2. *Daily activities appropriate to the developmental needs of children, and*
3. *Nutritious, adequately timed meals and snacks.*

5.1.3 Check and describe any CCDF providers in your state/territory who are exempt from licensing (98.40(2)(i) through (iv))? Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care or any other factors applicable to the exemption

Effective Date: 10/01/2018

☑ Center-based child care.

If checked, describe the exemptions.

IC 12-17.2-2-8 Licensure exemptions-that meet Provider Eligibility Standards under IC 12-17.2-3.5 Sec. 8. The division shall exempt from licensure the following programs:

(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 secondary school that:
(A) provides day care on the school premises for children of a student or an employee of the school;
B) complies with health, safety, and sanitation standards as determined by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter; and
(C) substantially complies with the fire and life safety rules as determined by the state fire marshal under rules adopted by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter.
(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. As added by P.L.1-1993, SEC.141. Amended by P.L.61-1993, SEC.8; P.L.136-1993, SEC.6; P.L.2-1995, SEC.50; P.L.50-2001, SEC.1; P.L.1-2005, SEC.136.

☑ Family child care.

If checked, describe the exemptions.

The following provider types are exempt from licensure: IC 12-17.2-2-8 Licensure exemptions-that meet Provider Eligibility Standards under IC 12-17.2-3.5 Sec. 8. The division shall exempt from licensure the following programs:
(8) A child care home if the provider:
(A) does not receive regular compensation;
(B) cares only for children who are related to the provider;
(C) cares for less than six (6) children, not including children for whom the provider is a parent, stepparent, guardian, custodian, or other relative; or
(D) operates to serve migrant children.

☑ In-home care.

If checked, describe the exemptions.

IC 12-17.2-3.5 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.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.1 Standards on ratios, group sizes, and qualifications for CCDF providers.

Lead Agencies are required to establish child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories.

Effective Date: 10/01/2018

a) Licensed CCDF center-based care

1. Infant

-- How does the State/territory define infant (age range):

An infant isa child who is at least six (6) weeks of age until the child is able to walk consistently unassisted.

-- Ratio:

4:1

-- Group size:

8 children

-- Teacher/caregiver qualifications:

Lead caregiver qualifications: twenty-one (21) years of age - Child Development Associate (CDA) Assistant teacher qualifications: Eighteen (18) years if not left alone - High school/GED.

2. Toddler

-- How does the State/territory define toddler (age range):

A child who is less than thrity (30) months of age and is able to walk consistently unassisted.

-- Ratio:

5:1

-- Group size:

10 children

-- Teacher/caregiver qualifications:

Lead teacher qualifications: Twenty-one (21) years of age - Child Development Associate (CDA) Assistant teacher qualifications: Eighteen (18) years of age - High school/GED.

3. Preschool

-- How does the State/territory define preschool (age range):

Children at least three (3) years of age and not yet attending first grade.

-- Ratio:

5:1 two-year-olds; 7:1 30-36 months; 10:1 three (3) year olds; 12:1 four (4) year olds; 15:1 five (5) year olds and older.

-- Group size:

two-year-olds-10; 30-36 months-14; three (3) year olds -20; four year olds-24; five (5) year olds and older 30

-- Teacher/caregiver qualifications:

Lead teacher qualification: Eighteen (18) years of age - Child Development Associate (CDA) Assistant teacher qualifications: Eighteen (18) years of age - High school/GED.

4. School-age

-- How does the State/territory define school-age (age range):

Children attending first grade or above.

-- Ratio:

15:1

-- Group size:

30 children

-- Teacher/caregiver qualifications:

Lead teacher qualifications: Eighteen (18) years of age - Child Development Associate (CDA) Assistant teacher qualifications: Eighteen (18) years of age - High school/GED.

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers

Exempt providers, that care for more than 16 children and accept CCDF vouchers, must maintain the same ratios and group size requirement as licensed centers. Licensed exempt providers, caring for 16 or fewer children and accept CCDF vouchers, must meet the same ratio and group size requirements for a licensed child care home. Teacher/caregiver qualifications for exempt centers must be eighteen (18) years of age.

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

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. Caregiver qualifications will be determined based on the youngest child in the group.

7. Describe the director qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care.

A Director must be twenty-one (21) years of age, have 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.

b) Licensed CCDF family child care provider

1. Infant

-- How does the State/territory define infant (age range):

Infant is defined in 470 IAC 3-1.1-10 as a child from birth to twelve (12) months of age.

-- Ratio:

Infant/Toddler Mixed (Birth-24 months) 6:1*; *Two (2) of the six (6) children must be at least sixteen (16) months of age and walking. Otherwise the ratio is 4:1;.Mixed AgeGroups (Birth-6 years) 10:1*; *No more than three (3) of the ten (10) children may be under sixteen (16) months of age and must be walking; three (3) years and older(3-10years) 12:1

-- Group size:

Group size is limited by the capacity limits on licensed homes. The maximum number for Class I home is 12 children plus 3 additional school-agers. The maximum number for a Class II is16 children. A provider's related children under age seven (7) are count in the maximum capacity, ratios and group sizes of the home.

-- Teacher/caregiver qualifications:

The licensee is required to have a high school diploma or GED and documentation that the licensee has completed, enrolled in, or agrees to complete, within the next three (3) years, a child development associate (CDA) credential program or a similar program approved by the Lead Agency. There are no educational

requirements for other staff.

2. Toddler

-- How does the State/territory define toddler (age range):

Toddler is defined in 470 IAC 3-1.1-21 as a child from twelve (12) months of age through twenty-four (24) months of age.

-- Ratio:

Infant/Toddler Mixed (Birth-24 months) 6:1*; *Two (2) of the six (6) children must be atleast sixteen (16) months of age and walking. Otherwise the ratio is 4:1;.Mixed AgeGroups (Birth-6 years) 10:1*; *No more than three (3) of the ten (10) children may be under sixteen (16) months of age and must be walking; three (3) years and older(3-10years) 12:1.

-- Group size:

Group size is limited by the capacity limits on licensed homes.

-- Teacher/caregiver qualifications:

The licensee is required to have a high school diploma or GED and documentation that thelicensee has completed, enrolled in, or agrees to complete within the next three (3) years, achild development associate (CDA) credential program or a similar program approved by the Lead Agency. There are no educational requirements for other staff.

3. Preschool

-- How does the State/territory define preschool (age range):

There is no definition in the child care home regulations for preschool.

-- Ratio:

Infant/Toddler Mixed (Birth-24 months) 6:1*; *Two (2) of the six (6) children must be atleast sixteen (16) months of age and walking. Otherwise the ratio is 4:1;.Mixed AgeGroups (Birth-6 years) 10:1*; *No more than three (3) of the ten (10) children may be under sixteen (16) months of age and must be walking; three (3) years and

older(3-10years) 12:1.

-- Group size:

Group size is limited by the capacity limits on licensed homes.

-- Teacher/caregiver qualifications:

The licensee is required to have a high school diploma or GED and documentation that thelicensee has completed, enrolled in, or agrees to complete within the next three (3) years, achild development associate (CDA) credential program or a similar program approved by the Lead Agency. There are no educational requirements for other staff.

4. School-age

-- How does the State/territory define school-age (age range):

Children that are enrolled in a full day kindergarten and above.

-- Ratio:

12:1

-- Group size:

Group size is limited by the capacity limits on licensed homes. During the school year every licensed class I home is eligible to care 3 additional school age children. During a break in the school year that exceeds four (4) weeks a provider may care for 3 additional school age children if they meet the following conditions: (1) The school age child: (A) was in the home part time during the four (4) months preceding the break; or (B) has a sibling attending the child care home. (2) The child care home meets the following requirements: (A) Provides at least thirty-five (35) square feet for each child. (B) Maintains the child to staff ratio required under rules adopted by the division for each age group of children in attendance. (C) Provides age appropriate toys, games, equipment, and activities for each age group of children enrolled. (D) If the licensee does not reside in the child care home, the child care home has: (i) at least two (2) exits that comply with the exit requirements for an E-3 building occupancy classification under the Indiana building code adopted by the fire prevention and building safety commission; and

(ii) an illuminated exit sign over each required exit or emergency lighting for each required exit. (3) The licensee for the child care home has maintained a class I child care home license for at least twelve (12) children: (A) for at least one (1) year; and (B) without any citations for noncompliance.

-- Teacher/caregiver qualifications:

The licensee is required to have a high school diploma or GED and documentation that the licensee has completed, enrolled in, or agrees to complete within the next three (3) years, a child development associate (CDA) credential program or a similar program approved by the Lead Agency. There are no educational requirements for other staff.

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes

Legally License Exempt providers that follow Provider Eligibility Standards must be 18-years old but do not have any provider qualifications.

c) In-home CCDF providers:

1. Describe the ratios

Infant/Toddler Mixed (Birth-24 months) 6:1*; *Two (2) of the six (6) children must be atleast sixteen (16) months of age and walking. Otherwise the ratio is 4:1;.Mixed AgeGroups (Birth-6 years) 10:1*; *No more than three (3) of the ten (10) children may beunder sixteen (16) months of age and must be walking; three (3) years and older(3-10years) 12:1

2. Describe the group size

Group size is limited by the capacity limits on licensed homes . Description of when licensing is required: IC 12-7-2-28.6 Child care home (a) "Child care home", for purposes of IC 12-17.2,means a residential structure in which at least six (6) children (not including thechildren for whom the provider is a parent, stepparent, guardian, custodian, or otherrelative or any child who is at least fourteen (14) years of age and does not requirechild care) at any time receive child care from a provider: (1) while unattended by aparent, legal guardian, or custodian; (2) for regular compensation; and (3) for morethan four (4) hours but less than twenty-four (24) hours in each of ten (10)

consecutivedays per year, excluding intervening Saturdays, Sundays, and holidays. (b) The termincludes: (1) a class I child care home; and (2) a class II child care home. Maximum number for Class I is 12 children plus 3 additional school-agers; Class II is16 children. A provider's related children under age seven (7) count in the maximum capacity, ratios and group sizes of the home. For a Class I child care home, three (3) additional school-age chilcren are allowed in the home. A legally license exempt home can care for no more than five (5) unrelated children at one time. Any licensed exempt child care home that takes CCDF vouchers must mee tthe same ratios and group sizes as a licensed child care home.

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

Watching more than 5 unrelated children is the maximum number of children allowed.

4. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size

A legally license exempt home can care for up to five (5) unrelated children. There is not a maximum number of children allowed when related. rovider's related children under age seven (7) count in the maximum capacity,ratios and group sizes of the home .

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

For a class I child care home three (3) additional school-age children are allowed in the home for part of the day.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.2 Health and safety standards for CCDF providers.

States and territories must establish health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the topics listed below, as appropriate to the provider setting and age of the children served

(98.41(a)). This requirement is applicable to all child care providers receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

a) To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(l)). Note: This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

Effective Date: 10/01/2018

1. Prevention and control of infectious diseases (including immunization)

   -- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

   A provider shall comply with the immunization requirements set forth in IC 12-17.2-3.5-11.1 which states, a provider shall maintain and annually update documentation provided by the physician of each child who is cared for in a facility where the provider operates a child care program that the child has received complete age appropriate immunizations, including: conjugated pneumococcal vaccine; and varicella vaccine or a demonstrated immunity to varicella. The state department of health shall determine for each age level the immunizations that constitute complete age appropriate immunizations. A provider meets the requirement of subsection if: a child's parent: objects to immunizations for religious reasons; and provides documentation of the parent's objection; the child's physician provides documentation of a medical reason the child should not be immunized; or the child's physician provides documentation that the child is currently in the process of receiving complete age appropriate immunizations; and the provider maintains and annually updates the documentation provided by the parent or physician under this subsection.

   The child care program has written personnel policies shall address the following health hazards for child care:

   (1) Infectious disease, including, but not limited to, the following:

   (A) Hepatitis A.

   (B) Cytomegalovirus (CMV).

   (C) Chicken pox.

(D) Rubella.
(E) Measles.
(F) Pertussis (whooping cough).
(G) Fifth disease.
(H) Influenza.
(I) Tuberculosis.
(J) Shigellosis.
(K) Giardiasis.
(L) Meningococcal disease.
(M) Group A streptococcus.
(N) Ringworm.
(O) Scabies.
(P) Lice.
(Q) Herpes.
(R) Cryptosporidiosis.
(S) Diarrhea caused by escherichia coli (E. coli).
(T) Rotavirus.
(U) Campylobacterium.
(V) Salmonella.
(W) Diarrhea and vomiting.

-- List all citations for these requirements, including those for licensed and license-exempt programs

Licensed homes - IC 12-17.2-5-18.1, Licensed Centers IC 12-17.2-4-18.1, Exempt Providers - IC 12-17.2-3.5-11.1

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

NA

-- Describe any variations based on the age of the children in care

Exempt providers under IC 12-17.2-3.5 are not required to separate ill children from other children.

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement .

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

A provider shall comply with the following standards set forth in the Caring for Our Children, National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, third edition, published by the American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education: Safe Sleep Practices and Sudden Unexpected Infant Death (SUID)/SIDS Risk Reduction Standard 3.1.4.1. Providers shall require that all caregivers supervising children who are less than twelve (12) months of age follow safe sleep practices provided in the training approved by the division under IC 12-17.2-2-1(10) and in compliance with section of this rule.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Licensed Homes - 470 IAC 3-1.1-45(a), 470 IAC 3-1.2-5, IC 12-17.2-5-6.3(a)(3) and IC 12-17.2-5-3.5(b)(1)(A)(i) Licensed Centers -470 IAC 3-4.7-141 Exempt Providers - IC 12-17.2-3.5-5.5

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

NA

-- Describe any variations based on the age of the children in care

Required for children less than 12 months of age.

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

3. Administration of medication, consistent with standards for parental consent

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The provider shall: have written orders for each medication given at the child care facility; require the parent or guardian to submit permission forms for administering medication; keep all medication permission forms on file for each child to whom any medication is given; administer the specified medication as directed on the label of the medication; keep all medication in the original container; keep all medication locked in a cabinet or container that is not in a bathroom.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Homes - 470 IAC 3-1.1-44(f) Centers - 470 IAC 3-4.7-40 Exempt Providers-IC 12-17.2-3.5-5

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

NA

-- Describe any variations based on the age of the children in care

NA

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

4. Prevention of and response to emergencies due to food and allergic reactions

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The provider must provide formal orientation to employees and volunteer caregivers before they commence their caregiver duties in the home or facility. The orientation training from a provider must include the following: names, ages, specific needs of children assigned, including food allergies, location of children's records, and children's emergency information, including food and other allergies.

A notation of any special dietary exceptions for children shall be posted in the kitchen and where meals and snacks are served.

Prior to having contact with children, the following training or information shall be provided to all staff and volunteers according to the specific responsibilities assigned to that particular staff member or volunteer:

- Prevention of and response to emergencies due to food and allergic reactions.

Special diets

(a) The program shall post information regarding children's special diets for dietary staff in charge of preparing and
serving the food.
(b) The program must plan and serve substitutions, written on a menu, for all children with dietary restrictions.
(c) For children requiring a special diet due to medical reasons or allergic reactions, the center shall provide meals and snacks
in accordance with the child's needs and the written instructions of the child's physician.
(d) A child requiring a special diet due to religious or personal beliefs shall have a written statement from the child's parent.
(e) For special diets, the center may request the parent to supplement food served by the program.
(f) If the parent provides the food from home, the center must have the parent sign a "Safe Transportation of Food
Responsibility" form, available from the division.
(g) All food items must be protected from damage and potential contamination

-- List all citations for these requirements, including those for licensed and license-exempt providers

Homes - 470 IAC 3-1.1-33.5(c) and 470 IAC 3-1.1-37(b)(3) Centers-470 IAC 3-4.7-32(b)(9) and 470 IAC 3-4.7-82 Exempt Providers-IC 12-17.2-3.5-5

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

NA

-- Describe any variations based on the age of the children in care

NA

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

5. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

A provider shall provide for a safe environment ensuring that firearms and ammunition are secured in a locked area, by key or combination, where children cannot gain access; ensuring that poisons, chemicals, and hazardous materials and items, including sharp scissors, knives, matches, lighters, flammable liquids, power tools and cleaning supplies, are stored in a remote area of the facility in a location that is in accessible to children or maintained in locked storage; performing regular inspections for hazardous conditions, including exposed electrical outlets and damaged or broken equipment, toys and furniture; regular inspection of the grounds to eliminate hazards such as debris, poisonous plants, large holes, or other similar hazards; insuring water hazards, including retention ponds and baptismal fonts, within the facility or on the grounds where the child care is located are inaccessible to children; ensuring that any thermal hazards above one hundred twenty (120) degrees Fahrenheit, such as radiators, hot water pipes, steam pipes, and heaters, in the space occupied by children are out of reach of children or separated from the space by partitions, screens, or other means, which are firmly attached and cannot be overturned; ensuring that environmental hazards that present a risk for entrapment or burial, such as, but not limited to, the following are inaccessible to children: abandoned appliances; abandoned wells; and pits; ensuring that the outdoor play area is safely enclosed, fenced, or protected from traffic by barriers; ensuring air compressors or other dangerous equipment in the outdoor play area are enclosed and inaccessible to children;

-- List all citations for these requirements, including those for licensed and license-exempt providers

Homes - 470 IAC 3-1.1-39, 470 IAC 3-1.1-45(a), 470 IAC 3-1.1-46 and 470 IAC 3-1.1-48 Centers-470 IAC 3-4.7-70, 470 IAC 3-4.7-99, 470 IAC 3-4.7-100, 470 IAC 3-4.7-101 and 470 IAC 3-4.7-102 Exempt Providers-IC 12-17.2-3.5-10, IC 12-17.2-3.5-11, IC 12-17.2-3.5-5

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

NA

-- Describe any variations based on the age of the children in care

NA

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The following apply to an individual who is employed or volunteers as a caregiver at a facility where a provider operates a child care program: Not more than three (3) months after the individual begins employment or volunteer duties, the individual must receive training approved by the division concerning child abuse detection and prevention. This training includes and covers the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Homes - 470 IAC 3-1.1-33.5(b)(3) Center-470 IAC 3-4.7-13 and470 IAC 3-4.7-32 Exempt Providers-IC 12-17.2-3.5-8(b)(5)

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

NA

-- Describe any variations based on the age of the children in care

NA

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

A provider shall have written plans for notifying parents regarding the following: care in an emergency and emergency evacuation. The plan required must be posted in a conspicuous location in the facility where the provider operates a child care program. The provider must have written emergency evacuation and disaster plans. The provider shall have written plans posted in the facility where the provider operates a child care program for notifying parents of the identity of the person or persons responsible for notifying parents or guardians in case of an emergency and the person or persons responsible for providing care should the provider be unable to provide care due to an emergency. A written and posted plan for routes for emergency evacuation, shelter, fire or severe weather are also required.

The program shall make plans for the protection of children in the event of a disaster.

The plan must also include emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as

violence at a child care facility), within the meaning of those terms under section. A provider shall also have a written emergency plan describing procedures for responding to an emergency, including disasters, or an emergency declared by the Governor. The emergency plan should include the following components:

- staff and volunteer emergency preparedness training and practice drills;
- identifying specific responsibilities of staff during a disaster;
- accounting for children;
- evacuating and relocating;
- shelter-in-place and lock down;
- communication and reunification with families;
- continuity of operations; and

- accommodations for infants and toddlers, children with disabilities and chronic medical conditions.

The disaster plan for providers is reviewed at the time of inspection.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Homes - 470 IAC 3-1.1-46(r),(s),(v) & (w); Centers- 470 IAC 3-4.7-91 and 470 IAC 3-4.7-92 Exempt Providers-IC 12-17.2-3.5-7

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

NA

-- Describe any variations based on the age of the children in care

NA

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

A provider shall provide for a safe environment which includes that the following items are placed in areas that are inaccessible to the children in the provider's care: firearms and ammunition, poisons, chemicals, bleach, and cleaning materials, and medications. Providers must ensure that poisons, chemicals, and hazardous materials and items, including sharp scissors, knives, matches, lighters, flammable liquids, power tools and cleaning supplies, are stored in a remote area of the facility in a location that is in accessible to children or maintained in locked storage. A provider shall have, and maintain compliance with, a written policy describing the practice of the provider concerning safe conditions in the facility and on the grounds.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Homes - 470 IAC 3-1.1-45(a) and 470 IAC 3-1.1-48(c) Centers-470 IAC 3-4.7-100, 470 IAC 3-4.7-102and 470 IAC 3-4.7-32 Exempt Providers-IC 12-17.2-3.5-10 and IC 12-17.2-3.5-5

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

NA

-- Describe any variations based on the age of the children in care

NA

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

9. Precautions in transporting children (if applicable)

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

A provider shall do the following with respect to transporting children away from the facility where the provider operates a child care program: Obtain written permission from the child's parent or legal guardian to transport the child, ensure that the child is transported only by an employee or a volunteer who: is at least eighteen (18) years of age, holds a valid driver's license, and transports the child in a properly licensed and

insured motor vehicle. The provider must also have a written policy for transportation.

-- List all citations for these requirements, including those for licensed and license-exempt providers

470 IAC 3-1.1-40 and 470 IAC 3-1.1-45(a) Centers-470 IAC 3-4.7-72 and 470 IAC 3-4.7-73 Exempt Providers-IC 12-17.2-3.5-5 and IC 12-17.2-3.5-11

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

NA

-- Describe any variations based on the age of the children in care

NA

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The provider, all employees, and volunteer caregivers shall maintain current certification in first aid as set forth in the Caring for our Children, National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, third edition, published by the American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education 1.4.3.2. The provider shall ensure that at least one (1) individual is present at all times with a current certification in CPR for all age groups of children receiving care. The CPR certification required must meet Journal of American Medical Association (JAMA) standards and include a return demonstration of skills.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Homes - 470 IAC 3-1.1-33.5(c) and IC 12-17.2-5-18.2 Centers-470 IAC 3-4.7-33 and 470 IAC 3-4.7-34 Exempt Providers-IC 12-17.2-3.5-8

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

NA

-- Describe any variations based on the age of the children in care

NA

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

11. Recognition and reporting of child abuse and neglect

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

An employee or a volunteer of a provider who has reason to believe that a child in the provider's care is a victim of child abuse or neglect shall make a report as required under IC 31-33-5. The provider shall do the following: Not more than three (3) months after the individual begins employment or volunteer duties, the individual must receive training approved by the division concerning child abuse detection and prevention.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Homes - 470 IAC 3-1.1-35 Centers-470 IAC 3-4.7-13 and 470 IAC 3-4.7-32(b)(5) Exempt Providers-IC 12-17.2-3.5-8 andIC 12-17.2-3.5-8.5

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

NA

-- Describe any variations based on the age of the children in care

NA

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

b) Does the Lead Agency include any of the following optional standards?

- ☐ No, if no, skip to 5.2.3.
- ☑ Yes, if yes provide the information related to the optional standards addressed.

1. Nutrition

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The provider shall make available nutritious meals and snacks to each child in the provider's care that: are appropriately timed with a period of not less than two (2) hours and not more than three and one-half (3½) hours between meals or snacks except between 9:00 p.m. and 6:00 a.m. The provider shall meet nutritional needs including: breakfast, which includes milk, fruit or one-hundred percent (100%) fruit juice, and a cereal or grain; lunch or dinner, which includes an item from each food group; snack, which includes a food from at least two (2) different food groups; are in measured portions appropriate for the age of the child; and are appropriate for the age of the child, including an individualized feeding schedule for an infant provided by their parent or guardian. The provider must ensure that meals brought from outside the facility are stored in a refrigerator in sacks or containers that are labeled with the child's name and date of delivery to the facility. The provider shall have written meal plans posted in the facility where food is prepared and where they can be visible to the parent in the facility where the provider operates a child care program.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Homes - 470 IAC 3-1.1-42 Center-470 IAC 3-4.7-75, 470 IAC 3-4.7-76, 370 IAC 3-4.7-77, 470 IAC 3-4.7-78, 470 IAC 3-4.7-79 and 470 IAC 3-4.7-134 Exempt Providers-IC 12-17.2-3.5-5

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

NA

-- Describe any variations based on the age of the children in care.

NA

--Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

2. Access to physical activity

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

A provider shall make available daily activities appropriate to the age, developmental needs, interests, and number of children in the care of the provider, including the following: Daily outdoor play, unless one (1) of the following applies: Severity of the weather poses a safety or health hazard and/or a health related reason for a child to remain indoors is documented by the child's parent, guardian, or physician.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Homes - 470 IAC 3-1.1-38 Centers-470 IAC 3-4.7-57and 470 IAC 3-4.7-58 Exempt Providers-IC 12-17.2-3.5-5

-Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

NA

-- Describe any variations based on the age of the children in care.

NA

--Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

3. Caring for children with special needs

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

A provider shall make available daily activities appropriate to the age, developmental needs, interests, and number of children in the care of the provider, including both active and quiet play. The provider may include the use of safe, age-appropriate toys, games, and equipment for indoor and outdoor play.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Homes-470 IAC 3-1.1-38 Centers-470 IAC 3-4.7-35, 470 IAC 3-4.7-147 and 470 IAC 3-4.7-148 Exempt Provider-IC 12-17.2-3.5-5

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

NA

-- Describe any variations based on the age of the children in care.

NA

--Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

NA

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

NA

-- List all citations for these requirements, including those for licensed and license-exempt providers

NA

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

NA

-- Describe any variations based on the age of the children in care.

NA

--Describe if relatives are exempt from this requirement

NA

5.2.3 Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Effective Date: 10/01/2018

Pre-Service or Orientation Training Requirements

a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:

1. Licensed child care centers:

10

2. Licensed FCC homes:

10

3. In-home care:

10

4. Variations for exempt provider settings:

10

b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)

Within 3 months of hire date

c) Explain any differences in pre-service or orientation training requirements based on the ages of the children served

Safe Sleep Training mandated only for caregivers who care children 12 months and under. Required Health and Safety Trainings include a separate module for caregivers who care for school age children .

d) Describe how the training is offered, including any variations in delivery (e.g. across standards, in rural areas, etc.) Note: There is no federal requirement on how a training must be delivered

The required Safe Sleep Training is offered face to face for all required caregivers, and the Health and Safety modules are offered both face to face and online.

e) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

1. Prevention and control of infectious diseases (including immunizations)

   Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

   Homes-470 IAC 3-1.1-33.5

   Centers-470 IAC 3-4.7-32

   Exempt Provider-IC 12-17.2-3.5-8

   Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care

for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

5.2.3e 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Homes-470 IAC 3-1.1-33.5

Centers-470 IAC 3-4.7-32

Exempt Providers-IC 12-17.2-3.5-8

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

5.2.3e 3. Administration of medication, consistent with standards for parental consent

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Homes-470 IAC 3-1.1-33.5

Centers-470 IAC 3-4.7-32

Exempt Providers-IC 12-17.2-3.5-8

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

5.2.3e 4. Prevention and response to emergencies due to food and allergic reactions

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Homes-470 IAC 3-1.1-33.5

Centers-470 IAC 3-4.7-32

Exempt Providers-IC 12-17.2-3.5-8

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

5.2.3e 5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Homes-470 IAC 3-1.1-33.5

Centers-470 IAC 3-4.7-32

Exempt Providers-IC 12-17.2-3.5-8

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

5.2.3e 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Homes-470 IAC 3-1.1-33.5

Centers-470 IAC 3-4.7-32

Exempt Providers-IC 12-17.2-3.5-8

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

5.2.3e 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Homes-470 IAC 3-1.1-33.5

Centers-470 IAC 3-4.7-32

Exempt Providers-IC 12-17.2-3.5-8

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

5.2.3e 8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Homes-470 IAC 3-1.1-33.5

Centers-470 IAC 3-4.7-32

Exempt Providers-IC 12-17.2-3.5-8

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

5.2.3e 9. Appropriate precautions in transporting children (if applicable)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Homes-470 IAC 3-1.1-33.5

Centers-470 IAC 3-4.7-32

Exempt Providers-IC 12-17.2-3.5-8

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

5.2.3e 10. Pediatric first aid and CPR certification

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Homes-470 IAC 3-1.1-33.5

Centers-470 IAC 3-4.7-32

Exempt Providers-IC 12-17.2-3.5-8

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

5.2.3e 11. Recognition and reporting of child abuse and neglect

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Homes-470 IAC 3-1.1-33.5

Centers-470 IAC 3-4.7-32

Exempt Providers-IC 12-17.2-3.5-8

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

5.2.3e 12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Homes-470 IAC 3-1.1-33.5

Centers-470 IAC 3-4.7-32

Exempt Providers-IC 12-17.2-3.5-8

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement.

5.2.3e 13.

Describe other training requirements, such as nutrition, physical activities, caring for children with special needs, etc..

NA

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

NA

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [ ] Yes

☑ No

Describe if relatives are exempt from this requirement

NA

Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

Effective Date: 12/21/2018

a) Licensed child care centers:

minimum # of annualtraining hours for caregivers, directors and teachers is 12 hours

b) Licensed FCC homes:

The Lead Agency can confirm that as of 12/21/2018 we are enforcingthis requirement through policy until promulgation of the rules in January of 2020.

All licensee's and persons counted in child staff ratios must complete a minimum of twelve (12) clock hours of division approved training annually, excluding training in first aid, CPR, universal precautions, and lifesaving certification.

The licensee shall receive training in each of the following categories:

- Safe Sleep standards set forth in the Caring for Our Children, National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, third edition, published by the American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education: Safe Sleep Practices and Sudden Unexpected Infant Death (SUID)/SIDS Risk Reduction Standard 3.1.4.1 This training must also be completed before caring for infants and repeated annually.
- Recognizing and reporting child abuse and neglect. This training must also be completed before caring for children.
- Emergency preparedness.
- Health, nutrition, sanitation, and safety.
- Developmentally appropriate practices and curriculum.
- Child development.

Caregivers shall receive training in each of the following categories:

- Safe Sleep standards set forth in the Caring for Our Children, National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, third edition, published by the American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education: Safe Sleep Practices and Sudden Unexpected Infant Death (SUID)/SIDS Risk Reduction Standard 3.1.4.1 This training must also be completed before caring for infants and repeated annually.
- Emergency preparedness.
- Recognizing and reporting child abuse and neglect. This training must also be completed before caring for children.
- Health, nutrition, sanitation, and safety.
- Developmentally appropriate practices and curriculum.
- Child development.
- Positive child care management and discipline.

A caregiver shall not repeat a continuing education topic required by IC 12-17.2-3.5-8 within a three (3) year reporting period without prior written approval from the division. Unapproved duplicate hours shall not count towards satisfying the continuing education requirements.

The Lead Agency is in the process of promulgating new regulations requiring 12 hours of ongoing training per year which supports the policy requiring 12 hours of ongoing training per year. These new rules should be promulgated by January 2020. The Lead Agency is currently implementing the requirement of 12 hours of training per year for the Licensed Homes through policy until the rule is in place.

c) In-home care:

minimum # of annualtraining hours for caregivers, directors and teachers is 12 hours

d) Variations for exempt provider settings:

minimum # of annualtraining hours for caregivers, directors and teachers is 12 hours

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Effective Date: 12/21/2018

1. Prevention and control of infectious diseases (including immunizations)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

The Lead Agency can confirm that as of 12/21/2018 we are enforcingthis requirement through policy until promulgation of the rules in January of 2020 for Family Child Care Homes.

All licensee's and persons counted in child staff ratios must complete a minimum of twelve (12) clock hours of division approved training annually, excluding training in first aid, CPR, universal precautions, and lifesaving certification.

Centers-470 IAC 3-4.7-35 Exempt Providers- IC 12-17.2-3.5-8.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [x] Annually
- [ ] Other

Describe:

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 inservice 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 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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☑ Annually

☐ Other

Describe:

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 inservice 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 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.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

The Lead Agency can confirm that as of 12/21/2018 we are enforcingthis requirement through policy until promulgation of the rules in January of 2020.

All licensee's and persons counted in child staff ratios must complete a minimum of twelve (12) clock hours of division approved training annually, excluding training in first aid, CPR, universal precautions, and lifesaving certification.

Centers-470 IAC 3-4.7-35 Exempt Providers- IC 12-17.2-3.5-8.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [x] Annually
- [ ] Other

Describe:

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 inservice 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 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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [x] Annually
- [ ] Other

Describe:

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 inservice 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 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.

3. Administration of medication, consistent with standards for parental consent

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

The Lead Agency can confirm that as of 12/21/2018 we are enforcingthis requirement through policy until promulgation of the rules in January of 2020.

All licensee's and persons counted in child staff ratios must complete a minimum of twelve (12) clock hours of division approved training annually, excluding training in first aid, CPR, universal precautions, and lifesaving certification.

Centers-470 IAC 3-4.7-35 Exempt Providers- IC 12-17.2-3.5-8.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☑ Annually

☐ Other

Describe:

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 inservice 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 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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☑ Annually

☐ Other

Describe:

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 inservice 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 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.

4. Prevention and response to emergencies due to food and allergic reactions

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

The Lead Agency can confirm that as of 12/21/2018 we are enforcingthis requirement through policy until promulgation of the rules in January of 2020.

All licensee's and persons counted in child staff ratios must complete a minimum of twelve (12) clock hours of division approved training annually, excluding training in first

aid, CPR, universal precautions, and lifesaving certification.

Centers-470 IAC 3-4.7-35 .

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [x] Annually
- [ ] Other

Describe:

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 inservice 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 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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [x] Annually
- [ ] Other

Describe:

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 inservice 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 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. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

The Lead Agency can confirm that as of 12/21/2018 we are enforcingthis requirement through policy until promulgation of the rules in January of 2020.

All licensee's and persons counted in child staff ratios must complete a minimum of twelve (12) clock hours of division approved training annually, excluding training in first aid, CPR, universal precautions, and lifesaving certification.

Centers-470 IAC 3-4.7-35 Exempt Providers- IC 12-17.2-3.5-8.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [x] Annually
- [ ] Other

Describe:

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 inservice 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 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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☑ Annually

☐ Other

Describe:

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 inservice 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 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.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

The Lead Agency can confirm that as of 12/21/2018 we are enforcingthis requirement

through policy until promulgation of the rules in January of 2020.
All licensee's and persons counted in child staff ratios must complete a minimum of twelve (12) clock hours of division approved training annually, excluding training in first aid, CPR, universal precautions, and lifesaving certification.
Centers-470 IAC 3-4.7-35 Exempt Providers- IC 12-17.2-3.5-8.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [x] Annually
- [ ] Other

Describe:

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 inservice 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 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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [x] Annually
- [ ] Other

Describe:

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 inservice 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 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.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

The Lead Agency can confirm that as of 12/21/2018 we are enforcingthis requirement through policy until promulgation of the rules in January of 2020.

All licensee's and persons counted in child staff ratios must complete a minimum of twelve (12) clock hours of division approved training annually, excluding training in first aid, CPR, universal precautions, and lifesaving certification.

Centers-470 IAC 3-4.7-35 Exempt Providers- IC 12-17.2-3.5-8

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [x] Annually
- [ ] Other

Describe:

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 inservice 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 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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☑ Annually

☐ Other

Describe:

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 inservice 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 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.

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

The Lead Agency can confirm that as of 12/21/2018 we are enforcingthis requirement through policy until promulgation of the rules in January of 2020.

All licensee's and persons counted in child staff ratios must complete a minimum of twelve (12) clock hours of division approved training annually, excluding training in first aid, CPR, universal precautions, and lifesaving certification.

Centers-470 IAC 3-4.7-35 Exempt Providers- IC 12-17.2-3.5-8.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [x] Annually
- [ ] Other

Describe:

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 inservice 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 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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☑ Annually

☐ Other

Describe:

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 inservice 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 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.

9. Appropriate precautions in transporting children (if applicable)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

The Lead Agency can confirm that as of 12/21/2018 we are enforcingthis requirement through policy until promulgation of the rules in January of 2020.

All licensee's and persons counted in child staff ratios must complete a minimum of twelve (12) clock hours of division approved training annually, excluding training in first aid, CPR, universal precautions, and lifesaving certification.

Centers-470 IAC 3-4.7-35 Exempt Providers- IC 12-17.2-3.5-8.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☑ Annually

☐ Other

Describe:

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 inservice 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 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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [x] Annually
- [ ] Other

Describe:

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 inservice 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 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.

10. Pediatric first aid and CPR certification

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Homes- 470 IAC 3-1.1-28.5 Centers-470 IAC 3-4.7-35 Exempt Providers- IC 12-17.2-3.5-8

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Homes- First aid is every three (3) years for all staff. CPR is annually for at least one (1) person on site at all times. Centers- First aid is every three (3) years for all staff. CPR is annually for at least one (1) person on site at all times. Infant and toddlers staff must have CPR annually. Exempt Providers- First aid is every three (3) years for all staff. CPR is annually for at least one (1) person on site at all times.

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 inservice 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 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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Homes- First aid is every three (3) years for all staff. CPR is annually for at least one (1) person on site at all times. Centers- First aid is every three (3) years for all staff. CPR is annually for at least one (1) person on site at all times. Infant and toddlers staff must have CPR annually. Exempt Providers- First aid is every three (3) years for all staff. CPR is annually for at least one (1) person on site at all times.

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 inservice 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 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.

11. Recognition and reporting of child abuse and neglect

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

The Lead Agency can confirm that as of 12/21/2018 we are enforcingthis requirement

through policy until promulgation of the rules in January of 2020.
All licensee's and persons counted in child staff ratios must complete a minimum of twelve (12) clock hours of division approved training annually, excluding training in first aid, CPR, universal precautions, and lifesaving certification.

Centers- 470 IAC 3-4.7-13 Exempt Providers- IC 12-17.2-3.5-8.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [x] Annually
- [ ] Other

Describe:

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 inservice 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 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.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [x] Annually
- [ ] Other

Describe:

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 inservice 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 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.

12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

The Lead Agency can confirm that as of 12/21/2018 we are enforcingthis requirement through policy until promulgation of the rules in January of 2020.

All licensee's and persons counted in child staff ratios must complete a minimum of twelve (12) clock hours of division approved training annually, excluding training in first aid, CPR, universal precautions, and lifesaving certification.

Centers- 470 IAC 3-4.7-35 Exempt Providers- IC 12-17.2-3.5-8.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [x] Annually
- [ ] Other

Describe:

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 inservice 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 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.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [x] Annually
- [ ] Other

Describe:

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 inservice 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 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.

13. Describe other requirements such as nutrition,
physical activities, caring for children with special needs, etc..

NA

Provide the citation for other training requirements, including citations for both licensed and license-exempt providers

NA

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

NA

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

NA

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring

procedures to ensure compliance. Note: Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements

The State certifies that it has policies and practices in place to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities. Policy citation IC 12-17.2-3.5 Eligibility of Child Care Provider to Receive Reimbursement through Voucher Program, IC 12-17.2-4 Regulations for Child Care Centers, IC 12-17.2-5 Regulations for Child Care Homes.

Effective Date: 10/01/2018

5.3.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections-with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards-of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)). Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

Effective Date: 10/01/2018

a) Licensed CCDF center-based child care

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards

470 IAC 3-4.7 requires licensed centers receive at least one prelicensure visit and must pass all onsite visits including health, safety and fire standards prior to licensure.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers

Under Indiana code IC 12-17.2-4 licensed centers receive at least one annual unannounced inspection.

3. Identify the frequency of unannounced inspections:

- [x] Once a year
- [ ] More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.

Licensing consultants have a standardized checklist which contain requirements for health, safety and fire standards. Consultants also have the ability to cite for items observed that are not on their checklist.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

IC 12-17.2-4 Regulations for Child Care Centers, and 470 IAC 3-4.7 Child Care Centers;Licensing

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards

470 IAC 3-1.1 requires licensed providers receive at least one prelicensure visit and must pass all onsite visits including health, safety and fire standards prior to licensure.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF family child care providers

Under Indiana code IC 12-17.2-5 licensed homes receive at least one annual unannounced inspection.

3. Identify the frequency of unannounced inspections:

- [x] Once a year
- [ ] More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

Licensing consultants have a standardized checklist which contain requirements for health, safety and fire standards. Consultants also have the ability to cite for items observed that are not on their checklist .

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

IC 12-17.2-5 Regulations for Child Care Homes, and 470 IAC 3-1.1, 470 IAC 3-1.2 and 470 IAC 3-1.3.

c) Licensed in-home CCDF child care

- [x] N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to 5.3.2 (d).

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF in-home child providers

3. Identify the frequency of unannounced inspections:

- [ ] Once a year
- [ ] More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

The agency responsible for inspections is the Family & Social Services Administration, Division of Family & Resources, Office of Early Childhood & Out of School Learning (OECOSL).

5.3.3 Inspections for license-exempt CCDF providers

Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

Effective Date: 10/01/2018

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

Consultants have a standardized checklist which contain requirements for health, safety and fire standards. Monitoring visits are unannounced and must occur at least once a year. Additional monitoring visits occur for specific violations that are a high risk to children safety. Complaints are also monitored.

Provide the citation(s) for this policy or procedure

IC 12-17.2-3.5 and 470 IAC 3-18

b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

Consultants have a standardized checklist which contain requirements for health, safety and fire standards. Monitoring visits are unannounced and must occur at least once a year. Additional monitoring visits occur for specific violations that are a high risk to children safety. Complaints are also monitored.

Provide the citation(s) for this policy or procedure

IC 12-17.2-3.5 and 470 IAC 3-18

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used

Consultants have a standardized checklist which contain requirements for health, safety and fire standards. Monitoring visits are unannounced and must occur at least once a year. Additional monitoring visits occur for specific violations that are a high risk to children safety. Complaints are also monitored.

Provide the citation(s) for this policy or procedure

IC 12-17.2-3.5 and 470 IAC 3-18

d) Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home (98.42(b)(2)(iv)(B)). Does your state use alternate monitoring procedures for monitoring in-home care?

- [x] No
- [ ] Yes. If yes,

decsibe:

e) List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers

The agency responsible for inspections is the Family & Social Services Administration, Division of Family & Resources, Office of Early Childhood & Out of School Learning

(OECOSL).

5.3.4 Licensing inspectors.

Effective Date: 10/01/2018

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a) To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

All licensing inspectors are required to have a Bachelor's Degree, with preference given to those with degrees in ECE or a related field. The Lead Agency has policies developed for orientation of new inspectors that includes but is not limited to trainings in health and safety requirements, Indiana's Early Learning Guidelines (the Indiana Early Learning Foundations), Safe Sleep, New Provider Orientation 1 and 2, and child abuse/neglect. Orientation also includes a minimum of two (2) months job shadowing and training on technology. Licensing consultants are monitored regularly to ensure ongoing high quality, evidence based monitoring and support services are provided.

b) Provide the citation(s) for this policy or procedure

Under the OECOSL Policy Keystone Document, OECOSL Caseload Management Document Reference # 001.010.001

5.3.5 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

Effective Date: 10/01/2018

a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

Caseloads are reviewed annually; as are the completion rates for annual and semi-annual monitoring visits, complaint inspections and other necessary follow up visits are completed as needed. In the event that caseloads are too high to ensure that such visits are occurring and are occurring timely, Consultants will alert managers when their caseload has significantly increased or decreased so that adjustments can be made. The Lead Agency will request additional consultants through the Indiana State Personnel Department.

b) Provide the policy citation and state/territory ratio of licensing inspectors

Under the OECOSL Policy Keystone Document, OECOSL Caseload Management Document Reference # 001.010.001, Indiana has established policies in place to ensure that providers receive monitoring visits, complaint investigations and technical assistance visits as required and as needed by providers to support compliance and child safety.Caseloads are reviewed monthly; as are the completion rates for annual and semi-annual monitoring visits, complaint inspections and other necessary follow up visits are completed as needed. In the event that caseloads are too high to ensure that such visits are occurring and are occurring timely, the Lead Agency will request additional consultants through the Indiana State Personnel Department.

5.3.6 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

Effective Date: 10/01/2018

☐ Yes, relatives are exempt from all inspection requirements.

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

☐ Yes, relatives are exempt from some inspection requirements.

If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.

☑ No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)).

A criminal background check must include 8 specific components (98.43(2)(b)), which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks

Components	In-State	National	Inter-State
1. Criminal registry or repository using fingerprints in the current state of residency	x		
2. Sex offender registry or repository check in the current state of residency	x		
3. Child abuse and neglect registry and database check in the current state of residency	x		
4. FBI fingerprint check		x	
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)		x	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional			x
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years			x
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years			x

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check require+J514ments, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met.

In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met by responding to questions 5.4.1 through 5.4.4 and then apply for the time-limited waiver by completing the questions in Appendix A: Background Check Waiver Request Form. By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 98.43 and 98.16(o):

--The national FBI fingerprint check; and,	
--The three in-state background check provisions for the current state of residency:	
	--state criminal registry or repository using fingerprints;
	--state sex offender registry or repository check;
	--state-based child abuse and neglect registry and database.

All four components are required in order for the milestone to be considered met.

Components	New (Prospective) Staff	Existing Staff
1. Criminal registry or repository using	Milestone/Prerequisite	Possible Time Limited

fingerprints in the current state of residency	for Waiver	Waiver for current (existing) staff
2. Sex offender registry or repository check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
3. Child abuse and neglect registry and database check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
4. FBI fingerprint check	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	

Use the questions below to describe the status of the requirements, policies and procedures for background check requirements. These descriptions must provide sufficient information to demonstrate how the milestone prerequisites are being met and the status of the other components that are not part of the milestone. Lead Agencies have the opportunity to submit a waiver request in Appendix A: Background Check Waiver Request Form, for components not included in the milestones. Approval of these waiver requests will be subject to verification that the milestone components have been met as part of the CCDF Plan review and approval process.

In-state Background Check Requirements

5.4.1 In-State Criminal Registry or Repository Checks with Fingerprints Requirements (98.43(b)(3)(i)).

Note: A search of a general public facing judicial website does not satisfy this requirement. This check is required in addition to the national FBI criminal history check (5.4.4 below) to mitigate any gaps that may exist between the two sources.

Effective Date: 10/01/2018

a) Milestone #1 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Per Indiana State law, policies and procedures are in place to conduct FBI fingerprint check using Next Generation Identification checks for all child care staff members (including prospective staff members) of all child care providers, which includes licensed homes, licensed centers, unlicensed registered ministers and legally licensed exempt homes, legally licensed exempt centers and in-home (nanny care) providers that accept CCDF.The FBI fingerprint check using Next Generation Identification background is run through the Indiana State Police and includes the state criminal registry check. Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees, volunteers and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children.

- For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older.
- Currently Indiana does not meet the requirement under 45 CFR Part 98.43(c)(1)(iv)(G) - Arson. Indiana is currently in the process of promagating rules and hope to have completed by January of 2020.

Every individual is given a copy of instructions for challenging the National Criminal

History results when he/she is given instructions for the fingerprinting.These instructions along with the how to challnege the accuracy of the results are listed in the link below. https://www.in.gov/fssa/carefinder/5480.htm

The State of Indiana has many requirements, policies, and procedures in place to comply with the background check requirements, including:

1) Running a FBI fingerprint check using Next Generation Identificationl background check for a child care staff member that also includes a search of the State criminal and sex offender registry or repository;

- a search of the State-based child abuse and neglect registries (Child Protection Index);
- a search of the Indiana State criminal history database
- a search of the National Crime Information Center; a Federal Bureau of Investigation fingerprint check using the Integrated Automated Fingerprint Identification System; a) Chid Care staff members must submit to the OECOSL State Form 53323 - Consent to Release Information for Licensed Centers, Licensed Homes, Unlicensed Registered Ministries and CCDF LLEPS's

2) The State of Indiana, per state law is compliant with the Act's requirements that child care staff members are ineligible for employment by a child care provider that is receiving assistance if such individual refuses to consent to the criminal background check; knowingly makes a materially false statement in connection with such criminal background check; is registered, or is required to be registered, on a State sex offender registry or repository or has been convicted of a felony consisting of murder, child abuse or neglect, a crime against children, including child pornography; spousal abuse; a crime involving rape or sexual assault; kidnapping; physical assault or battery; a drug related offense; or has been convicted of a violent misdemeanor as an adult against a child which includes those listed in 98.43.

3) The State of Indiana also requires background checks not less often than once during each 3-year period following the first submission date. a) Within the 3-year period if the staff member has been separated from employement from a child care provider within the state for more than 180 consecutive days they must submit to another background check.

4) The State of Indiana carries out the request of a child care provider for a criminal

background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted and provides the results of the criminal background check to such provider and to the current or prospective staff member.

5) The State of Indiana provides the results of the criminal background check to the provider in a statement that indicates whether a child care staff member (including a prospective child care staff member) is eligible or ineligible for employment, without revealing any disqualifying crime or other related information regarding the individual.

6) The State of Indiana has a process in which the child care staff member, including prospective staff member, can appeal the accuracy of the results of the background check. This process includes clear instructions and timelines. The individual receives, in writing the decision.

7) Posted on the agencies website are is a description of the background check requirements, policies and procedures. This includes how to challenge the accuracy of the reults of the background check as well as contact information for other States, Territories and Tribes requesting background checks..

Citation:
IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Per state law, all providers eligible to deliver CCDF services, whether licensed, registered or licensed exempt must meet the same requirements. The State of Indiana has many requirements, policies, and procedures in place to comply with the background check requirements, including:

1) Running a FBI fingerprint check using Next Generation Identification background check for a child care staff member that also includes a search of the Indiana State criminal history data base and sex offender registry or repository; a search of the State-based child abuse and neglect registries (Child Protection Index); a search of the National Crime Information Center; a Federal Bureau of Investigation fingerprint check using the Integrated Automated Fingerprint Identification System; a) Chid Care staff

members must submit to the OECOSL State Form 53323 - Consent to Release Information for Licensed Centers, Licensed Homes, Unlicensed Registered Ministries and CCDF LLEP's

2) The State of Indiana, per state law is compliant with the Act's requirements that child care staff members are ineligible for employment by a child care provider that is receiving assistance if such individual refuses to consent to the criminal background check; knowingly makes a materially false statement in connection with such criminal background check; is registered, or is required to be registered, on a State sex offender registry or repository; or has been convicted of a felony consisting of murder, child abuse or neglect, a crime against children, including child pornography; spousal abuse; a crime involving rape or sexual assault; kidnapping; physical assault or battery; a drug related offense; or has been convicted of a violent misdemeanor as an adult against a child which includes those listed in 98.43.

3) The State of Indiana also requires background checks not less often than once during each 3-year period following the first submission date.

- a) Within the 3-year period if the staff member has been separated from employement from a child care provider within the state for more than 180 consecutive days they must submit to another background check.

4) The State carries out the request of a child care provider for a criminal backgroundcheck as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted and provides the results of the criminal background check to such provider and to the current or prospective staff member.

5) The State provides the results of the criminal background check to the provider in a statement that indicates whether a child care staff member (including a prospective child care staff member) is eligible or ineligible for employment, without revealing any disqualifying crime or other related information regarding the individual.

6) Indiana has a process in which the child care staff member, including prospective staff member, can appeal the accuracy of the results of the background check. This process includes clear instructions and timelines. The individual receives, in writing the decision.

7) Posted on the agencies website are is a description of the background check

requirements, policies and procedures. This includes how to challenge the accuracy of the reults of the background check as well as contact information for other States, Territories and Tribes requesting background checks.

Citation:
IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

b) Has the search of the in-state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

there are no differences between new and existing staff in what was described above

Citation:
IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

5.4.2 In-State Sex Offender Registry Requirements (98.43(b)(3)(B)(ii)).

Note: This check must be completed in addition to the national NCIC sex offender registry check (5.4.5 below) to mitigate any gaps that may exist between the two sources. Use of

fingerprints is optional to conduct this check.

Effective Date: 10/01/2018

a) Milestone #2 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state sex offender registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The State of Indiana has many requirements, policies, and procedures in place to comply with the background check requirements, including:

1) Running a FBI fingerprint check using Next Generation Identification background check for a child care staff member that also includes a search of the State criminal and sex offender registry or repository; a search of the State-based child abuse and neglect registries (Child Protection Index); a search of the National Crime Information Center; a Federal Bureau of Investigation fingerprint check using the Integrated Automated Fingerprint Identification System; a) Child Care staff members must submit to the OECOSL State Form 53323 - Consent to Release Information for Licensed Centers, Licensed Homes, Unlicensed Registered Ministries and CCDF LLEP's

2) The State of Indiana, per state law is compliant with the Act's requirements that child care staff members are ineligible for employment by a child care provider that is receiving assistance if such individual refuses to consent to the criminal background check; knowingly makes a materially false statement in connection with such criminal background check; is registered, or is required to be registered, on a State sex offender registry or has been convicted of a felony consisting of murder, child abuse or neglect, a crime against children, including child pornography; spousal abuse; a crime involving rape or sexual assault; kidnapping; physical assault or battery; a drug related offense; or has been convicted of a violent misdemeanor as an adult against a child which includes those listed in 98.43.

3) The State of Indiana also requires the Sex Offender Registry checks be completed annually.

4) The State carries out the request of a child care provider for a background check as expeditiously as possible, but not to exceed 45 days after the date on which such request

was submitted and provides the results of the background check to such provider and to the current or prospective staff member.

5) The State provides the results of the background check to the provider in a statement that indicates whether a child care staff member (including a prospective child care staff member) is eligible or ineligible for employment, without revealing any disqualifying crime or other related information regarding the individual.

6) Indiana has a process in which the child care staff member, including prospective staff member, can appeal the accuracy of the results of the background check. This process includes clear instructions and timelines. The individual receives, in writing the decision.

7) Posted on the agencies website are is a description of the background check requirements, policies and procedures. This includes how to challenge the accuracy of the results of the background check as well as contact information for other States, Territories and Tribes requesting background checks

Citations
IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations
The State of Indiana has many requirements, policies, and procedures in place to comply with the background check requirements for all child care provider types including legally licensed exempt providers, including:

1) Running a FBI fingerprint check using Next Generation Identification background check for a child care staff member that also includes a search of the State criminal and sex offender registry or repository; a search of the State-based child abuse and neglect registries (Child Protection Index); a search of the National Crime Information Center; a Federal Bureau of Investigation fingerprint check using the Integrated Automated Fingerprint Identification System;
a) Child Care staff members must submit to the OECOSL State Form 53323 - Consent to Release Information for Licensed Centers, Licensed Homes, Unlicensed Registered

Ministries and CCDF Legally Licensed Exempt Providers

2) The State of Indiana, per state law is compliant with the Act's requirements that child care staff members are ineligible for employment by a child care provider that is receiving assistance if such individual refuses to consent to the criminal background check; knowingly makes a materially false statement in connection with such criminal background check; is registered, or is required to be registered, on a State sex offender registry or has been convicted of a felony consisting of murder, child abuse or neglect, a crime against children, including child pornography; spousal abuse; a crime involving rape or sexual assault; kidnapping; physical assault or battery; a drug related offense; or has been convicted of a violent misdemeanor as an adult against a child which includes those listed in 98.43.

3) The State of Indiana also requires the Sex Offender Registry checks be completed annually.

4) The State carries out the request of a child care provider for a background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted and provides the results of the background check to such provider and to the current or prospective staff member.

5) The State provides the results of the background check to the provider in a statement that indicates whether a child care staff member (including a prospective child care staff member) is eligible or ineligible for employment, without revealing any disqualifying crime or other related information regarding the individual.

6) Indiana has a process in which the child care staff member, including prospective staff member, can appeal the accuracy of the results of the background check. This process includes clear instructions and timelines. The individual receives, in writing the decision.

7) Posted on the agencies website are is a description of the background check requirements, policies and procedures. This includes how to challenge the accuracy of the results of the background check as well as contact information for other States, Territories and Tribes requesting background checks.
Citations

IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

b) Has the search of the in-state sex offender registry been conducted for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

there are no differences between existing staff and new staff from what is described above

Citations

IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

5.4.3 In-State Child Abuse and Neglect Registry Requirements (98.43(b)(3)(B)(iii)).

Note: This is a name-based search.

Effective Date: 10/01/2018

a) Milestone #3 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state child abuse and neglect registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Per Indiana law all child care staff members (including prospective staff members) of all child care providers, which includes licensed homes, licensed centers, unlicensed registered ministers and legally licensed exempt homes, legally licensed exempt centers and in-home (nanny care) providers that accept CCDF are not listed with a substantiation on the state-based child abuse and neglect registry (Indiana Child Protection Index). Child Care Staff members must submit to the OECOSL State Form 53323 - Consent to Release Information for Licensed Centers, Licensed Homes, Unlicensed Registered Ministries and CCDF LLEP's.

The State of Indiana has many requirements, policies, and procedures in place to comply with the background check requirements, including:

1) Running a FBI fingerprint check using Next Generation Identification background check for a child care staff member that also includes a search of the State criminal and sex offender registry or repository; a search of the State-based child abuse and neglect registries (Child Protection Index); a search of the National Crime Information Center; a Federal Bureau of Investigation fingerprint check using the Integrated Automated Fingerprint Identification System;

a) Child Care staff members must submit to the OECOSL State Form 53323 - Consent to Release Information for Licensed Centers, Licensed Homes, Unlicensed Registered Ministries and CCDF LLEP's

2) The State of Indiana, per state law is compliant with the Act's requirements that child care staff members are ineligible for employment by a child care provider that is receiving assistance if such individual refuses to consent to the background check; knowingly makes a materially false statement in connection with such background check; is registered, or is required to be registered, on a State sex offender registry or has been convicted of a felony consisting of murder, child abuse or neglect, a crime against children, including child pornography; spousal abuse; a crime involving rape or sexual assault; kidnapping; physical assault or battery; a drug related offense; or has been convicted of a violent misdemeanor as an adult against a child which includes those listed in 98.43.

3) The State of Indiana also requires the Child Protection Index (CPI) checks be

completed annually.

4) The State carries out the request of a child care provider for a background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted and provides the results of the background check to such provider and to the current or prospective staff member.

5) The State provides the results of the background check to the provider in a statement that indicates whether a child care staff member (including a prospective child care staff member) is eligible or ineligible for employment, without revealing any disqualifying crime or other related information regarding the individual.

6) Indiana has a process in which the child care staff member, including prospective staff member, can appeal the accuracy of the results of the background check. This process includes clear instructions and timelines. The individual receives, in writing the decision.

7) Posted on the agencies website are is a description of the background check requirements, policies and procedures. This includes how to challenge the accuracy of the results of the background check as well as contact information for other States, Territories and Tribes requesting background checks.

Citation
IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations
The State of Indiana has many requirements, policies, and procedures in place to comply with the background check requirements, including:
1) Running a FBI fingerprint check using Next Generation Identification background check for a child care staff member that also includes a search of the State criminal and sex offender registry or repository; a search of the State-based child abuse and neglect registries (Child Protection Index); a search of the National Crime Information Center; a Federal Bureau of Investigation fingerprint check using the Integrated Automated Fingerprint Identification System;

a) Child Care staff members must submit to the OECOSL State Form 53323 - Consent to Release Information for Licensed Centers, Licensed Homes, Unlicensed Registered Ministries and CCDF LLEP's

2) The State of Indiana, per state law is compliant with the Act's requirements that child care staff members are ineligible for employment by a child care provider that is receiving assistance if such individual refuses to consent to the background check; knowingly makes a materially false statement in connection with such background check; is registered, or is required to be registered, on a State sex offender registry or has been convicted of a felony consisting of murder, child abuse or neglect, a crime against children, including child pornography; spousal abuse; a crime involving rape or sexual assault; kidnapping; physical assault or battery; a drug related offense; or has been convicted of a violent misdemeanor as an adult against a child which includes those listed in 98.43.

3) The State of Indiana also requires the Child Protection Index (CPI) checks be completed annually.

4) The State carries out the request of a child care provider for a background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted and provides the results of the background check to such provider and to the current or prospective staff member.

5) The State provides the results of the background check to the provider in a statement that indicates whether a child care staff member (including a prospective child care staff member) is eligible or ineligible for employment, without revealing any disqualifying crime or other related information regarding the individual.

6) Indiana has a process in which the child care staff member, including prospective staff member, can appeal the accuracy of the results of the background check. This process includes clear instructions and timelines. The individual receives, in writing the decision.

7) Posted on the agencies website are is a description of the background check requirements, policies and procedures. This includes how to challenge the accuracy of the results of the background check as well as contact information for other States,

Territories and Tribes requesting background checks.

Citation

IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

b) Has the search of the in-state child abuse and neglect registry been conducted for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

there are no differences between existing staff and new staff from what is described above.

Citation

IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state child abuse and neglect registry for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

National Background Check Requirements

5.4.4 National FBI Criminal Fingerprint Search Requirements (98.43(b)(1)).

Note: The in-state (5.4.1 above) and the inter-state (5.4.6 below) criminal history check must be completed in addition to the FBI fingerprint check because there could be state crimes that do not appear in the national repository. Also note, that an FBI fingerprint check satisfies the requirement to perform an interstate check of another State's criminal history records repository if the responding state (where the child care staff member has resided within the past five years) participates in the National Fingerprint File program (CCDF-ACF-PIQ-2017-01).

Effective Date: 10/01/2018

a) Milestone #4 Prerequisite for New (Prospective) Child Care Staff. Describe the requirements, policies and procedures for the search of the National FBI fingerprint check.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The OECOSL works with a vendor who ensures no other agency other than Family and Social Services (FSSA) can receive background check results for the staff member. Background checks are processed by OECOSL within forty-five(45) days of the OECOSL receiving the Consent to Release Information form. Background checks are completed by OECOSL staff members. A program director oversees the process to ensure quality and timeliness. Background check results are only seen by specified OECOSL staff members who are trained. The child care provider by whom the staff member is employed by receives in writing whether the staff member is qualified or disqualified. Currently Indiana does not meet the requirement under 45 CFR Part 98.43(c)(1)(iv)(G) - Arson. Indiana is currently in the process of promulgating rules and hope to have completed by January of 2020.

Every individual is given a copy of instructions for challenging the National Criminal History results when he/she is given instructions for the fingerprinting.These instructions along with the how to appeal the accuracy of the results are listed in the link below.

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

The State of Indiana has many requirements, policies, and procedures in place to comply with the background check requirements, including:

1) Running a FBI fingerprint check using Next Generation Identification background

check for a child care staff member that also includes a search of the State criminal and sex offender registry or repository; a search of the National Crime Information Center; a Federal Bureau of Investigation fingerprint check using the Integrated Automated Fingerprint Identification System;
a) Child Care staff members must submit to the OECOSL State Form 53323 - Consent to Release Information for Licensed Centers, Licensed Homes, Unlicensed Registered Ministries and CCDF LLEPS's

2) The State of Indiana, per state law is compliant with the Act's requirements that child care staff members are ineligible for employment by a child care provider that is receiving assistance if such individual refuses to consent to the criminal background check; knowingly makes a materially false statement in connection with such criminal background check; is registered, or is required to be registered, on a State sex offender registry or repository or has been convicted of a felony consisting of murder, child abuse or neglect, a crime against children, including child pornography; spousal abuse; a crime involving rape or sexual assault; kidnapping; physical assault or battery; a drug related offense; or has been convicted of a violent misdemeanor as an adult against a child which includes those listed in 98.43.

3) The State of Indiana also requires background checks not less often than once during each 3-year period following the first submission date.
a) Within the 3-year period if the staff member has been separated from employment from a child care provider within the state for more than 180 consecutive days they must submit to another background check.

4) The State of Indiana carries out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted and provides the results of the criminal background check to such provider and to the current or prospective staff member.

5) The State of Indiana provides the results of the criminal background check to the provider in a statement that indicates whether a child care staff member (including a prospective child care staff member) is eligible or ineligible for employment, without revealing any disqualifying crime or other related information regarding the individual.

6) The State of Indiana has a process in which the child care staff member, including prospective staff member, can appeal the accuracy of the results of the background check. This process includes clear instructions and timelines. The individual receives, in writing the decision.

7) Posted on the agencies website are is a description of the background check requirements, policies and procedures. This includes how to challenge the accuracy of the results of the background check as well as contact information for other States, Territories and Tribes requesting background checks.

Citation
IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations
The State of Indiana has many requirements, policies, and procedures in place to comply with the background check requirements, including:
1) Running a FBI fingerprint check using Next Generation Identification background check for a child care staff member that also includes a search of the State criminal and sex offender registry or repository; a search of the National Crime Information Center; a Federal Bureau of Investigation fingerprint check using the Integrated Automated Fingerprint Identification System;
a) Child Care staff members must submit to the OECOSL State Form 53323 - Consent to Release Information for Licensed Centers, Licensed Homes, Unlicensed Registered Ministries and CCDF LLEPS's

2) The State of Indiana, per state law is compliant with the Act's requirements that child care staff members are ineligible for employment by a child care provider that is receiving assistance if such individual refuses to consent to the criminal background check; knowingly makes a materially false statement in connection with such criminal background check; is registered, or is required to be registered, on a State sex offender registry or repository or has been convicted of a felony consisting of murder, child abuse or neglect, a crime against children, including child pornography; spousal abuse; a crime involving rape or sexual assault; kidnapping; physical assault or battery; a drug related

offense; or has been convicted of a violent misdemeanor as an adult against a child which includes those listed in 98.43.

3) The State of Indiana also requires background checks not less often than once during each 3-year period following the first submission date.
a) Within the 3-year period if the staff member has been separated from employment from a child care provider within the state for more than 180 consecutive days they must submit to another background check.

4) The State of Indiana carries out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted and provides the results of the criminal background check to such provider and to the current or prospective staff member.

5) The State of Indiana provides the results of the criminal background check to the provider in a statement that indicates whether a child care staff member (including a prospective child care staff member) is eligible or ineligible for employment, without revealing any disqualifying crime or other related information regarding the individual.

6) The State of Indiana has a process in which the child care staff member, including prospective staff member, can appeal the accuracy of the results of the background check. This process includes clear instructions and timelines. The individual receives, in writing the decision.

7) Posted on the agencies website are is a description of the background check requirements, policies and procedures. This includes how to challenge the accuracy of the results of the background check as well as contact information for other States, Territories and Tribes requesting background checks.
Citation
IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

b) For all current (existing) child care staff, has the FBI criminal fingerprint check been conducted?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

There are no differences between existing staff and new staff than what is stated above

Citation

IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the FBI fingerprint check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

National Background Check Requirements

5.4.5 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Search Requirements (98.43(b)(2)).

Note: This is a name-based search. Searching general public facing sex offender registries does not satisfy this requirement. This national check must be required in addition to the in-state (5.4.2 above) or inter-state (5.4.7 below) sex offender registry check requirements. This check must be performed by law enforcement.

Effective Date: 11/21/2019

a) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all new (prospective) child care staff

☐ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

1) efforts to date to implement the requirement for all prospective and existing licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers);

Indiana is currently completing the NSOR background check through the FBI criminal finger print search. When the fingerprint submission is processed for a National background check through ISP and the registered sex offender is in the NCIC NSOR with an FBI number they will receive the notification in the FBI return response that the individual is a registered sex offender.

2) key activities planned toward implementation of this requirement;

The Lead Agency has submitted an ORI request to be able to complete name-based NSOR searches.

3) key challenges to implementing this requirement;

Obtaining the ORI.

4) strategies used to address challenges:

We worked with our legal counsel and Indiana State Police to process the ORI request.

b) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

1) efforts to date to implement the requirement for all prospective and existing licensed, regulated and registered providers; and all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers);

Indiana is currently completing the NSOR background check through the FBI criminal finger print search. When the fingerprint submission is processed for a National background check through ISP and the registered sex offender is in the NCIC NSOR with an FBI number they will receive the notification in the FBI return response that the individual is a registered sex offender.

2) key activities planned toward implementation of this requirement;

The Lead Agency will continue to work with the OCC regional office and the Indiana State police to meet this requirement.

3) key challenges to implementing this requirement;

Understanding next steps to implement a name based NSOR search instead of a fingerprint search.

4) strategies used to address challenges:

continue to work with our regional office for HHS, other states and the FBI

-

Inter-state Background Check Requirements

Checking a potential employee's history in any state other than that in which the provider's services are provided qualifies as an inter-state check, per the definition of required criminal background checks in 98.43(b)(3). For example, an inter-state check would include situations when child care staff members work in one state and live in another state. The statute and regulations require background checks in the state where the staff member resides and each state where the staff member resided during the previous 5 years. Background checks in the state where the staff member is employed may be advisable, but are not strictly required.

5.4.6 Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years). (98.43 (b)(3)(i)).

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check (5.4.4 above) to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Effective Date: 11/21/2019

a) Has the interstate criminal registry or repository check been put in place for all new (prospective) child care staff?

☐ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the interstate criminal registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

- Efforts to date to complete the requirement for all new child care staff in licensed, regulated, or registered programs
  The Lead Agency has updated the State Consent Form to include all addresses the child care staff member has resided in the previous 5 years. We are also working with our IT vendor to include an indicator in our system if a consent submission contains an out of state address. If triggered, a request to the appropriate state will be made within 5 working days. If no response is received from our inquiry, we will document the attempt and process the consent form in a timely manner.
  To increase our ability to obtain timely and accurate inter-state records, we have compiled the contact information, cost data and required procedures for all states and territories.
- Key challenges to fully implementing this requirement *The key challenge has been trying to understand the volume of requests Indiana will receive.*
- Strategies used to address these challenges

Describe: *Indiana will add additional staff to meet the increased volume of inquiries.*

b) Has the interstate criminal registry or repository check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate criminal registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated, or registered programs. *The Lead Agency has updated the State Consent Form to include all addresses the child care staff member has resided in the previous 5 years We are also working with our IT vendor to include an indicator in our system if a consent submission contains an out of state address. If triggered, a request to the appropriate state will be made within 5 working days. If no response is received from our inquiry, we will document the attempt and process the consent form in a timely manner.*
  To increase our ability to obtain timely and accurate inter-state records, we have compiled the contact information, cost data and required procedures for all states and territories.
- Key challenges to fully implementing this requirement: *The key challenge have been trying to understand the volume of requests Indiana will have in order to properly staff in order to meet the 45 day requirement.*
- Strategies used to address these challenges

Describe: *Indiana plans to add additional staff to meet th volume of inquiries.*

5.4.7 Interstate Sex Offender Registry or Repository Check Requirements (including in any state where the individual has resided in the past 5 years). (98.43 (b)(3)(ii)).

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (5.4.5 above) to mitigate any gaps that may exist between the two sources.

Effective Date: 11/21/2019

a) Has the interstate sex offender registry or repository check been put in place for all new (prospective) child care staff?

☐ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and

98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

- Efforts to date to complete the requirement for all new child care staff in licensed, regulated, or registered programs. *The Lead Agency has updated the State form child care staff member complete to give consent to conduct criminal background checks to capture address the child care staff member has lived in the previous five years.*
- Key challenges to fully implementing this requirement *: The key challenges have been trying to understand the volume of requests Indiana will receive.*
- Strategies used to address these challenges

Describe: *Indiana will add additional staff to process the additional inquiries.*

b) Has the interstate sex offender registry or repository check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers) *The Lead Agency has updated the State Consentto include all addresses the child care staff member has resided in the prvious 5 years. We are alos working with our IT vendor to included an indicator in our system if a consent submission contains an out of state address. If triggered, a request to the appropiate state will be made within 5 working days. If no response is received from our inquiry, we will documnet the attempt and process the consent form in a timely manner.*
- Key challenges to fully implementing this requirement: *The key challenges have been trying to understand the volume of requests Indiana will receive.*
- Strategies used to address these challenges

Describe: *Indiana will add additional staff to meet the increased volume.*

5.4.8 Interstate Child Abuse and Neglect Check Registry Requirements (98.43 (b)(3)(iii)).

Note: This is a name-based search.

Effective Date: 11/21/2019

a) Has the interstate child abuse and neglect check been put in place for all new (prospective) child care staff?

☐ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers) *The Lead Agency has updated the State Consentform to include all addresses the child care staff member has resided in the prvious 5 years. We are also working with our IT vendor to include an indicator in our system if a consent submission contains an out of state address. If triggered, a request to the appropiate state will be made within 5 working days. If no response is received from our inquiry, we will documnet the attempt and process the consent form in a timely manner.*
- Key challenges to fully implementing this requirement: *The key challenges have been trying to understand the volume of requests Indiana will receive.*
- Strategies used to address these challenges
- Describe: *Indiana will add additional staff to meet the increased volume.*
-

b) Has the interstate child abuse and neglect check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g., license-exempt CCDF eligible providers)The Lead Agency has updated the State Consent to include all addresses the child care staff member has resided in the previous 5 years. We are also working with our IT vendor to include an indicator in our system if a consent submission contains an out of state address. If triggered, a request to the appropriate state will be made within 5 working days. If no response is received from our inquiry, we will document the attempt and process the consent form in a timely manner.
- Key challenges to fully implementing this requirement: The key challenges have been trying to understand the volume of requests Indiana will receive.
- Strategies used to address these challenges

Describe: Indiana will add additional staff to meet the increased volume.

-

Provisional Employment

The CCDF final rule states a child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

Note: In recognition of the concerns and feedback OCC received related to the provisional hire provision of the CCDF final rule, OCC will allow states and territories to request time-

limited waiver extensions for the provisional hire provision. State/territories may submit a waiver request to allow additional time to meet the requirements related to provisional hires (see Appendix A). A state/territory may receive a waiver from this requirement only when:

1. the state requires the provider to submit the background check requests before the staff person begins working; and
2. the staff member, pending the results of the elements of the background check, is supervised at all times by an individual who has completed the background check.

5.4.9 Describe the state/territory requirements related to prospective child care staff members using the checkboxes below. (Waiver request allowed. See Appendix A). Check all that apply.

Effective Date: 10/01/2018

☑ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after completing and receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides.

Describe and include a citation:

Once a child care staff member has submitted and received a satisfactory results on the FBI fingerprint, which includes the state criminal registry check, the staff member can work on a provisional basis as long as they are supervised by a staff member that has passed all background checks at a all times.

IC 12-17.2-3.5, IC 12-17.2-4, IC 12-17.2-5, IC 12-17.2-6

☐ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides. Note: A waiver request is allowed for this provision (see Appendix A).

Describe and include a citation:

☐ Other.

Describe:

5.4.10 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

Effective Date: 10/01/2018

Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)).

In order to meet this requirement Indiana has put the following process in place:

- The OECOSL receives a State Form 53323 - Consent to Release Information from another state for a child care staff member.
- The information on the Consent to Release Information is entered into the Consent database in CCIS
- OECOSL runs the state criminal background check, the sex offender registry check and the child abuse and neglect check on the child care staff member
- OECOSL indicates in the Consent software and on the Consent to Release Information form whether there was a "record found" or "record not found".
- If the is a "record found" on the child care staff member an OECOSL staff member will review the record and determine if the child care staff member is a qualified caregiver or disqualified caregiver and mark appropriately in the Consent software in CCIS and on the Consent to Release Information form.
- If at any point OECOSL is waiting on information from the child care staff member or the Indiana State Police or Child Protective Services and the 45 day clock is stopped or paused OECOSL will notify the requesting state.

Once the background checks are complete OECOSL will send the requesting state back the child care staff member's Consent to Release Information form and notify them in writingif the child care staff member is "qualified as a caregiver" or disqualified as a caregiver"

OECOSL will notify the staff member in writing if they are "qualified as a caregiver" or disqualified as a caregiver"

5.4.11 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option)- a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

Effective Date: 10/01/2018

Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(c)(i)?

- [ ] No
- [x] Yes.

Describe other disqualifying crimes and provide citation:

- A felony and less than ten (10) years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest;
- Welfare fraud
- misdemeanor for operating a child care center without a license under IC 12-17.2-4-35, or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child; or
- (D) misdemeanor for operating a child care home without a license under IC 12-17.2-5-35, or of a substantially similar offense committed in another jurisdiction if the offense is directly or indirectly related to jeopardizing the health or safety of a child;

- Attempted murder (IC 35-41-5-1).
- (3) Voluntary manslaughter (IC 35-42-1-3).
- (4) Involuntary manslaughter (IC 35-42-1-4).
- (5) Reckless homicide (IC 35-42-1-5).
- (9) Criminal deviate conduct (IC 35-42-4-2) (before its repeal).
- (12) Robbery as a Class A or Class B felony (for a crime committed before July 1, 2014) or a Level 2 or Level 3 felony (for a crime committed after June 30, 2014) (IC 35-42-5-1).

5.4.12 The state/territory has a process for a child care staff member to appeal the the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3).

Effective Date: 10/01/2018

Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2-4)).

The Lead Agency does not share the detailed results of the background check with the provider, any other state or agency but does share with the child care provider, in writing, if the staff member is "qualified as a caregiver" or disqualified as a caregiver" . The detailed results of the background check are only shared with the specific child care staff member.

An individual with a felony drug offense is not eligible for employment if the drug felony offense is less than 10 years have elapsed from the date the person was discharged from probation, imprisonment, or parole, whichever discharge date is latest. If more than ten years have lapsed since the drug felony offense the individual is eligible for employment.

All disqualified child care staff members are instructed in writing how to challenge the results of the background check as follows:

The OECOSL must notify the disqualified child care staff member that they may challenge the completeness or accuracy of the record. Please note, a disqualified child care staff member is not eligible to work at the child care during the challenge process.

How do I challenge the Results?

If you want to challenge the results that the OECOSL received when running your background check follow the instructions below:

If the challenge is with the results from the State of Indiana criminal background check or Sex Offender Registry contact the State Police Headquarters in person or via mail at:
Indiana State Police, Attention: Records Division,
100 North Senate Avenue, IGCN,
Indianapolis, IN 46204.

If the challenge is with the national FBI criminal background check to challenge the accuracy or completeness of any entry contact the FBI, Criminal Justice Information Services (CJIS) Division at:
FBI, Criminal Justice Information Services (CJIS) Division,
ATTN: SCU, Mod. D-2,
1000 Custer Hollow Road
Clarksburg, WV 26306.

If the challenge is with the Department of Child Services, the disqualified staff member needs to contact the county where the substantiation was initiated in order to challenge the accuracy or completeness of the record. To find your local Department of Child Services office go to the following website https://www.in.gov/fssa/carefinder/5480.htm

How do I challenge the accuracy of the information OECOSL submitted when running my background check?

1. *Within ten (10) calendar days of notice of the child care staff member being determined to be disqualified, the staff member must send a written request of appeal to the Office of Early Childhood and Out of School Learning to the address below. The appeal should include a copy of the disqualification letter and a description of the specific information being appealed. Office of Early Childhood and Out-of-School Learning*
   Attn: (insert manager name) - Background Check Appeals
   Indiana Family and Social Services Administration
   402 West Washington Street, W-361, MS -02
   Indianapolis, IN 46204

   The OECOSL has thirty (30) calendar days to review the request, do additional research and respond in writing after receipt of the challenge.

2. *If the disqualified child care staff member is not satisfied with the decision of the Child Care Manager at the OECOSL, he/she has ten (10) days from receipt of the letter to submit a written request for appeal to the: Office of Early Childhood and Out of School Learning*
   OECOSL Director- Background Check Appeals
   Indiana Family and Social Services Administration
   402 West Washington Street, Room W361
   Indianapolis, Indiana 46204
   The Director has thirty (30) days to review the decision of the Child Care Manager and respond in writing. The decision of the Director is FINAL.

5.4.13 The state/territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)).

Effective Date: 10/01/2018

Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)).

Child care providers are only charged the actual cost of administering a criminal background check. The State of Indiana holds the contract for this vendor and all other fees are charged to the OECOSL.

5.4.14 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, states have the flexibility to decide which background check requirements relative providers must meet, as defined by CCDF in 98.2 under eligible child care provider.

Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from background checks?

Effective Date: 10/01/2018

- [x] No, relatives are not exempt from background check requirements.
- [ ] Yes, relatives are exempt from all background check requirements.
- [ ] Yes, relatives are exempt from some background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and

competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

Effective Date: 10/01/2018

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

-- State/territory professional standards and competencies. Describe:

Indiana has an approved, cross-sector Core Knowledge and Competencies (CKCs) framework that outlines professional standards and competencies for professionals working with children birth to adulthood. Indiana's CKCs were revised in early 2016 to align with recommendations and competencies identified in Transforming the Workforce for Children Birth through Age 8: A Unifying Foundation (IOM 2015). This revision was completed by a cross-sector group of early childhood and out-of-school time professionals. During this revision, the formatting and content of Indiana's CKCs was enhanced to provide professionals with an Individual Professional Development Planning Tool linked to the competencies.

-- Career pathways. Describe:

Indiana has a Career Pathway Guide for the early childhood and school age child care professionals. This Guide was revised in early 2016 and includes a revised version of the Indiana Early Childhood and School Age Career Lattice. The Career Pathway Guide aligns with Indiana's Core Knowledge and Competencies (CKCs) and focuses on the recruitment, retention and advancement of early childhood, school-age and youth professionals in our state. Indiana utilized the Institute of Medicine (IOM) report (Transforming the Workforce for Children Birth through Age 8: a Unifying Foundation, 2015) and the Indiana Career Council's work on career pathways to inform the development of the guide. The guide contains multiple early childhood and school age child care career choices and the necessary degrees/certifications to obtain these careers. This document was developed by a cross-sector group of early childhood and out-of-school time professionals, including members of the Indiana Professional Development Network, and provides career information for entry level staff all the way through the obtainment of a PhD.

-- Advisory structure. Describe:

Indiana's Early Learning Advisory Council (ELAC) has 7 defined workgroups, one of which is the workforce and professional development group. This group has helped to advise the work of the Office of Early Childhood and Out-of-School Learning (OECOSL) and its professional development system. In addition, OECOSL was awarded the opportunity to participate in the Impact project through the Office of Child Care (OCC). The results of this work has been a cross sector workgroup focused on the training and professional development system provided by OECOSL. This group has included members from higher education, direct service providers, local community organizations, Child Care Resource and Referral (CCR&R) agencies, and other State Agency staff involved in early childhood education. This group has helped to define how trainings will be developed moving forward, the use of the CKCs in the identification and leveling of the trainings as well as the design of the new learning management system.

-- Articulation. Describe:

Indiana currently has twenty-nine (29) institutions of higher education offering a total of eighty three (83) early childhood degree programs. Among these are thirty five (35)associate degrees, thirty-five (35) bachelor degrees, seven (7) master degrees, and six (6) doctoral degrees offered by public and private colleges and universities. In addition, the Indiana High School Child Development Career and Technical program has a two-plus-two articulation agreement with the community college system statewide. The Child Development Associate (CDA) credential articulates into the Ivy Tech Community College for nine (9) credit hours. All associate degree programs and 93% of bachelor degree programs report that the associate degree articulates into a teacher education bachelor's degree. 60% of associate degree programs and 27% of bachelor degree programs report that the associate degree articulates into a family and consumer science bachelor's degree (child development/infant toddler). 40% of associate degree programs and 7% of bachelor's degree programs reported the associate degree articulates into the human development bachelor's degree (school-age/youth development). Almost three-quarters (75%) of associate degree programs and one-third (33%) of bachelor degree programs report offering and incorporating coursework that applies to the Indiana Early Childhood Program Administrator Credential into the degree program. Five (5) of the master's and two (2) of the doctoral degree programs also report offering coursework that could be applied to the Administrator Credential. The University of Southern Indiana (USI), in cooperation with National Louis University, offers the online Director's

credential. This credential is embedded within the USI early childhood bachelor degree at no additional cost to the student.

-- Workforce information. Describe:

The Indiana Child Care Workforce Study was conducted in 2005, 2010, and 2014. 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), the Early Education Matching Grant (EEMG), On My Way Pre-K, and T.E.A.C.H. Early Childhood® INDIANA. The 2014 Indiana Child Care Workforce Study found that child care workforce wages continue to increase but remain markedly low. The teacher median wages ($9.50 per hour) continue to be below the national median wage ($10.60). Educational attainment of the workforce continues to increase with 51% 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 degree. Teacher turnover data was collected through the Directors surveys. Turnover was reported for the previous year (2013). The turnover rate for full time teachers was reported at a rate of 33%. In addition to the regular completion of a workforce study, the Indiana Early Learning Advisory Council convenes a cross-sector workgroup of workforce, economic development and child development experts to study the Indiana early childhood workforce needs. The OECOSL was awarded the opportunity to participate in the Impact project through the Office of Childcare (OCC). As part of this work OECOSL, alongside a broad group of stakeholders, has been working to create a professional development learning management system. This system, Indiana Learning Paths, will allow OECOSL to collect broad data on the workforce and align its professional development to the CKCs. Indiana Learning Paths is set to launch in the fall of 2018

-- Financing. Describe:

OECOSL, as the Lead Agency, is working closely with partners and exploring work with the Workforce Development Department to focus on the Governor's state-wide Workforce Development initiative that supports working families across the state. This

Lead Agency is working with Department of Workforce Development(DWD) to explore Early Childhood Educator training including the national CDA credential which is recognized and supported with DWD and Intergrated Education and Training (IET) funds. This collaboratory work between agencies will assist in the development of greater opportunities for the workforce. OECOSL has also been a member of the Indiana team participating with the IOM on creating a statewide plan to address the many needs of the early childhood workforce. This team, with the support of professionals from IOM, anticipate having a statewide plan ready for feedback in the fall of 2018. OECOSL also supports the workforce through the use of TEACH scholarships and funding of a non-formal CDA project. OECOSL places emphasis on this by allocating $1,137,852.00 annually to these projects and funded over 560 teachers last year in their participation in the project.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

☑ Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

The Lead Agency contracts with Indiana Association for the Education of Young Children (IAEYC) to provide scholarships through the T.E.A.C.H. Early Childhood®INDIANA scholarship program (T.E.A.C.H.). In 2017, T.E.A.C.H. helped 1,526 of Indiana's early care and education professionals increase their education. Recipients on associate degree scholarships completed an average of twelve (13) credits per contract. Recipients on bachelor's degree scholarships completed an average of fourteen (14.0) credit hours. T.E.A.C.H. recipients in Indiana completed over 7678 credit hours last year. The average grade point average (GPA) for a T.E.A.C.H. recipient working on his or her associate degree was 3.3; the average GPA for a T.E.A.C.H. recipient working on his or her bachelor's degree was 3.50. The average hourly wage of a teacher on a T.E.A.C.H. scholarship was $10.40. The average increase in earnings for a T.E.A.C.H. recipient on an associate degree scholarship was 4%. The average increase in earnings for a T.E.A.C.H. recipient on a bachelor's degree scholarship was 6%. For associate degree scholarship recipients the average turnover rate was 3.0%. For bachelor degree scholarship recipients the average turnover rate was 2.0%. 63% of scholarship recipients worked with children ages three (3) to five (5). 48% of recipients worked with children

under two (2). 34.7% of scholarship recipients were women of color; 3.2% of recipients were of Hispanic origin. T.E.A.C.H. scholarship recipients attended one of the fifteen (15) different community colleges or seven (8) universities offering early childhood degree programs in Indiana. In a recent survey of T.E.A.C.H. recipients, 99% indicated they would recommend T.E.A.C.H. to their peers; and 99% of their employers would recommend T.E.A.C.H .

☑ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

The local Child Care Resource and Referral (CCR&R) agencies provide training and professional development regionally throughout the state. The Lead Agency contracts with the Child Care Resource and Referral Central Office (CCR&RCO) to oversee the development of a Professional Development Training Plan for each CCR&R agency/region. The CCR&RCO reviews and approves all CCR&R training goals. Approved trainings cover topics such as health and safety, developmentally appropriate practice, behavior intervention strategies, and assessment. The Lead Agency is currently implementing a comprehensive training/trainer approval system. This process includes a review of existing CCDF funded trainings to determine if they align to research and best practice;align to the Indiana Early Learning Foundations; and if they are stackable and build upon prior knowledge of the provider. This system will also review and approve the qualifications of trainers to ensure the trainings provided are delivered by highly knowledgeable, qualified trainers.

☐ Other

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The OECOSL was awarded the opportunity to participate in the Impact project through the

Office of Childcare (OCC). As part of this work OECOSL, alongside a broad group of stakeholders, has been working to create a professional development learning management system. This group has included members from higher education, direct service providers, local community organizations, Child Care Resource and Referral (CCR&R) agencies, new TA vendor SPARK Learning Lab and other State Agency staff involved in early childhood education. Indiana's Early Learning Advisory Council (ELAC) has 7 defined workgroups, one of which is the workforce and professional development group which has been a key advisor in this work. This system, Indiana Learning Paths, will allow OECOSL to collect broad data on the workforce and align its professional development to the CKCs. Indiana Learning Paths launched in January of 2019.

Effective Date: 10/01/2019

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Caregivers have access to scholarships through T.E.A.C.H.. The Lead Agency contracts with Indiana Association for the Education of Young Children(IAEYC) to fund financial assistance through the T.E.A.C.H Early Childhood® INDIANA scholarship program. The funding for this project is provided to support scholarships for the CDA training and assessment, associate, bachelor, transition to early childhood (meet early childhood equivalency for individual with unrelated bachelor degree), administrator credential and the infant toddler certificate. The scholarships are provided through community based and credit based professional learning opportunities. Additionally, Pilots with DWD are being rolled-out in support of the early childhood workforce to support the successful completion of CDA training and obtainment of the national credential. Financial incentives linked to educational attainment and retention. Caregivers have incentives for completing coursework in a timely manner. The Lead Agency contracts with Indiana Association for the Education of Young Children (IAEYC) to fund the Indiana Non Formal CDA project. This project provides a financial incentive in the form of a $100 bonus when a provider completes the 120 clock hours of training to meet the criterion for the CDA credential. T.E.A.C.H. Early Childhood® INDIANA also provides a scholarship to all providers who are applying for the CDA Assessment, and upon successful award of the

CDA Certification from the Council of Professional Recognition, the participant receives a $200 bonus. T.E.A.C.H. Early Childhood ®INDIANA provides, in cooperation with the sponsoring employer, a bonus for the completion of required credit hours. T.E.A.C.H. bonuses range from $100-$300, depending on the scholarship model. Outreach to high school (including career and technical) students. Partners of the Lead Agency work closely with career and technical institutions within the State of Indiana to support students exploring child care certifications. The Lead Agency contracts with Indiana Association for the Education of Young Children to fund the T.E.A.C.H. Early Childhood® INDIANA scholarships program. This program supports scholarships for Career and Technical Education (CTE) high school students for the CDA Assessment. Outreach is provided to all Child Development Career and Technical High School programs to provide information, education and resources to their instructors and the students through theT.E.A.C.H. Early Childhood® INDIANA project.

Effective Date: 10/01/2018

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development framework (98.44(b)).

The Lead Agency works closely with the Indiana Department of Education (IDOE) Early Childhood Division to ensure the Indiana Early Learning Foundations (Indiana's early learning and developmental guidelines) are used as a guide for professional development training topics. In the State's quality rating and improvement system (QRIS), PTQ, all providers at a Level 2 or higher are required to take an orientation training on the Indiana Early Learning Foundations which includes training on how to utilize the Foundations as a resource for planning everyday learning experiences. All professional development offerings funded by CCDF are required to be aligned with the Indiana Early Learning Foundations. The content area Physical Growth and Health in the Foundations contains concepts and skills to serve as indicators of a child's developmental growth in the area of social-emotional/behavioral development. These indicators are used to support behavioral and early childhood mental health intervention models. The Lead Agency has partnered with Early Learning Indiana to launch Brighter Futures which focuses on the Early Learning Foundations. This consumer education site was developed with families in mind and take the Early Learning Foundations and put them into language that is easily understood and put into practice. This collaboration is meant to support the learning of children by using their most powerful teachers, their parents. This site provides information on the development and growth of children by age groups, the social emotional growth, healthy and safe environments, as well as many pieces of education and referrals for families who may have concerns for their child. More information about Brighter Futures can be found at http://brighterfuturesindiana.org/

Effective Date: 10/01/2018

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

Indiana Learning Paths is an on-line training portal that is available to all providers in the state. Many of the trainings are available asynchronously. These on-line trainings as well as any face to face trainings, which are provided by SPARK Learning Lab staff, are available to all providers including any provider supported through an Indian tribe or tribal organization who receives CCDF funds.

Effective Date: 10/01/2019

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers:

Effective Date: 10/01/2019

a) with limited English proficiency

The Lead Agency contracts with five (5) regionally based CCR&Rs to help with the recruitment of non-English speaking providers. The Lead Agency also contracts with SPARK Learning Lab to provide TA to non-English speaking providers. The local CCR&Rs market and recruit Spanish speaking individuals to the field by posting flyers in highly settled Spanish Speaking populations and working through community agencies that service a high number of Spanish speaking providers. SPARK Learning Lab will provide supports having Spanish Speaking Specialist to provide TA to assist the provider in filling out the licensing paperwork and submitting it to the state. Orientation 1 and 2 as well as Safe Sleep are provided to the program in Spanish. The Spanish Speaking Specialists often accompany the licensing consultant on visits to provide translation services. The Lead Agency contracts with IAEYC to provide services for providers whom English is not their first language. The Indiana Non-Formal CDA project and the T.E.A.C.H. EarlyChildhood® INDIANA project provide outreach and resources to providers for whom English is not their first language. Assistance

is provided to review and translate transcripts, assist with educational counseling and securing of resources to support their continued professional development. The Lead Agency works closely with the communities to offer assistance to other non-English languages, in addition to Spanish, such as Burmese and Arabic.

b) who have disabilities

The Lead Agency contracts with five (5) regionally based CCR&R as well as the CCR&RCO to help with the recruitment of providers serving children with disabilities. SPARK Learning Lab provides opportunities to receive TA support for providers that serve children with disabilities. In addition, the Lead Agency contracts with IAEYC to provide services and support for those students with disabilities who wish to pursue professional development. This support consists of innovative, educational practices with the Indiana Non-Formal CDA project as well as innovative, educational practices in support of CDA classes via the T.E.A.C.H. Early Childhood® INDIANA project and attentive support by T.E.A.C.H. advisors through the T.E.A.C.H. Early Childhood ® INDIANA project.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii--iv)).

- The Lead Agency works closely with the communities to offer assistance to other non-English languages, in addition to Spanish, such as Burmese and Arabic. Providers can enroll and complete their CDA, associate, bachelor and master's degree in early childhood or family and consumer science via online, web-based delivery. Multiple higher education institutions in Indiana provide various methods of delivery to increase accessibility for providers - face-to-face, online, or hybrid (combination of face-to-face and online) in various locations outside the traditional campus locations.
- The Child Care Resource and Referral Central Office (CCR&RCO) also hosts an online training portal called Indiana Learning Paths that contains online professional development, both live and asynchronous. Indiana Learning Paths is available to everyone in the state, including Native American providers and those with developmental delays and disabilities. Providers receiving CCDF are required to have a minimum of

twelve hours annually of professional development relative to the age of the children they are working with. All center directors are required to take training on inclusion which includes information on the ADA.

- The Lead Agency contracts with the Indiana Association for the Education of Young Children (IAEYC) to administer the T.E.A.C.H. Early Childhood® INDIANA program, which provides funding in the form of scholarships and training opportunities to meet the various needs of child care providers. The Lead Agency also contracts with IAEYC to administer the Indiana Non Formal CDA Project, another training program designed to assist early childhood professionals in meeting the requirements for achieving a national CDA credential from the Council for Professional Recognition. This program is available to all providers and is available to meet the needs of English Language Learners as they strive to obtain their CDA.
- The Lead Agency also funds professional development both online and through SPARK Learning Lab, that focuses on children of different age groups and different developmental levels, including developmental delays. Specifically, one quarter of professional development offerings that span age groups include the following offerings: sessions covering either 0 to 8 years or 0 to 12 years; sessions targeting Infant/Toddler; sessions targeting Preschool/PreK; sessions targeting School Age; sessions targeting inclusion; and sessions targeting administrators. In regards to those with developmental delays, there is a webinar offered monthly for Center directors: Introduction to Inclusive Child Care. In this introductory webinar, directors, and owners of centers, ministries, and homes will learn of basic strategies and resources for including all children. Participants will gain an understanding of how to foster inclusive attitudes, practices, and policies in their program, initiate and lead collaborative relationships between staff and families as well as how to identify community resources to support all needs. Additionally, there are topics related to Inclusion available for SPARK Learning Lab to offer.

Effective Date: 10/01/2019

6.2.5 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

Effective Date: 10/01/2019

a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

The Lead Agency, along with a cross sector group of early childhood professionals, has

worked together to develop a statewide training module to assist providers in developing a plan for working with families and children who are homeless. The training module educates and assists providers in identifying families who are homeless and includes information on available state and community resources. Training includes directing families to local shelters as well as other programs and agencies in regards to housing, financial assistance, counseling and the child care assistance program. The training equips providers with the skills and techniques needed to adequately respond to the needs of homeless children. This training is a scripted train-the-trainer model to allow for a consistent message across the state. Participants will know how to identify families who are homeless. This training will discuss new state policy regarding CCDF eligibility. Providers will be able to support the social-emotional needs of children experiencing homelessness and resources will be shared. Training is provided to SPARK Learning Lab staff who train local providers on an ongoing basis. SPARK Learning Lab provides technical assistance to providers as needed.

b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.2.2).

This training is included in the annual conference on homelessness sponsored by Building Brighter Futures and is available to all McKinney-Vento liaisons to share with shelters and local stakeholders. Building Brighter Futures was developed in 2007 to address the increased emphasis placed on serving homeless families in Head Start. Through the years, representation on Building Brighter Futures has grown and now includes cross agency representation working on supporting the needs of homeless families and children across multiple sectors. This group provides a forum to share a variety of resources, information and opportunities available to meet the needs of families and children who are experiencing homelessness. Building Brighter Futures sponsors an annual conference to provide training for persons providing education and/or support to children and families experiencing homelessness. This conference also provides a forum for these agencies and individuals to meet and learn about each other and begin to plan together for their communities

6.2.6 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed

and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply

Effective Date: 10/01/2019

- [x] Issue policy change notices
- [x] Issue new policy manual
- [ ] Staff training
- [x] Orientations
- [ ] Onsite training
- [x] Online training
- [x] Regular check-ins to monitor the implementation of CCDF policies

Describe the type of check-ins, including the frequency.

Licensed child care centers - require at least one annual inspection per year. CCDF requirements are checked at that time. During complaint inspections and follow up inspections any CCDF non-compliances will be cited and addressed.

Licensed child care homes - require at least one annual inspection per year. CCDF requirements are checked at that time. During complaint inspections and follow up inspections any CCDF non-compliances will be cited and addressed.

Legally licensed exempt providers - require at least one annual inspection per year. CCDF requirements are checked at that time. During complaint inspections and follow up inspections any CCDF non-compliances will be cited and addressed.

- [x] Other

Describe:

The Lead Agency has a multi-pronged approach to evaluating the system of training, technical assistance, and professional development available for providers.

- The Lead Agency contracts with the SPARK Learning Lab to provide a professional development needs assessment. This assessment is used to drive the yearly professional development offerings. The Lead Agency evaluates the progress being made in improving the quality of child care programs and services through a variety of lenses. Each level of Indiana's quality rating and improvement system (QRIS), PTQ, has specific ongoing professional development requirements which are monitored on a yearly basis through an onsite monitoring visit. By reviewing the PTQ level increase data, along with data on the number of CCDF funded providers participating in professional development opportunities, the Lead Agency is able to track the effectiveness of our professional development offerings. Evaluations on all professional development trainers and coaches are performed on a yearly basis to ensure the reliability and efficacy of training and coaching provided to programs. As

providers participate in training and coaching events, they also participate in this process by evaluating their experience. The review of these evaluations is ongoing to drive any necessary changes in training and coaching practices.

- The Lead Agency contracts with TCC Software Solutions to provide yearly onsite monitoring and rating of our PTQ programs. This review includes classroom observation along with a review of professional development taken by the provider(s). PTQ Raters recommend level advancements and/or level continuation on a yearly basis. The PTQ data is reviewed to ensure providers are receiving the required training and also whether they are maintaining or increasing their PTQ level. OECOSL does onsite monitoring of CCDF eligible providers and this includes checking staff files. Staff files must include documentation of the required training. The provider shall maintain at the facility where the provider operates a child care program documentation of all training which includes the name of participant, the title and date of training, the number of hours of training, the trainer's name, organization and qualifications and the content area of the training. OECOSL will investigate any training documentation that appears to be altered.

6.2.7 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

Effective Date: 10/01/2018

a) Describe the strategies that the state/territory is developing and implementing for training and TA.

The Lead Agency is working with the National Center on Early Childhood Quality Assurance on a pilot program that offers business practices to providers in three different modules: Financial, Marketing and Recruiting and Retention. In addition,the University of Southern Indiana (USI), in cooperation with National Louis University, offers the online Director's credential. This credential is embedded within the USI early childhood bachelor degree at no additional cost to the student

b) Check the topics addressed in the state/territory's strategies. Check all that apply.

☑ Fiscal management

- [x] Budgeting
- [x] Recordkeeping
- [x] Hiring, developing, and retaining qualified staff
- [x] Risk management
- [x] Community relationships
- [x] Marketing and public relations
- [ ] Parent-provider communications, including who delivers the training, education, and/or technical assistance
- [ ] Other

Describe:

6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

Effective Date: 10/01/2019

a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry

SPARK Learning Lab staff have received training from national experts on providing instruction which is both culturally and linguistically responsive for all children birth to kindergarten entry. All Professional Development offered either online at Indiana

Learning Paths or in person is aligned with the Indiana Early Learning Foundations and Developmentally Appropriate Practice for all children birth to kindergarten entry and beyond and are tied to the CDA competency areas as well as with Indiana's Core Knowledge Competencies, which are research-based on the needs for all children birth to kindergarten entry. In addition, all credit-based and community based training offered through T.E.A.C.H. and Non-Formal CDA are aligned with both the CDA competency areas as well as with Indiana's Core Knowledge Competencies.

b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

Indiana's early learning development framework, the Foundations, is aligned to the 2014 Indiana Academic Standards. This framework provides core foundations and skills that children are to achieve at various ages, including all children birth to kindergarten entry. The 2015 Foundations core document was developed for use in all types of early childhood programs. The 2015 revision of the Foundations specifically addresses two special populations, Dual Language Learners and Exceptional Learners. In order to provide high-quality, equitable early learning experiences, it is important to provide a responsive environment along with linguistically and culturally relevant instruction that allows all children birth to kindergarten entry and beyond to progress within the classroom. The Foundations include the following content areas: English/language arts, mathematics, social emotional skills, approaches to play and learning, science, social studies, creative arts, and physical health and growth. By outlining specific topics and indicators in each of these content areas, the Foundations support teachers, parents, caregivers, and other professional personnel as they develop appropriate experiences for all young children birth to kindergarten entry and beyond.

c) Verify by checking the domains included in the state/territory's early learning and developmental guidelines. Responses for "other" is optional

- [x] Cognition, including language arts and mathematics
- [x] Social development
- [x] Emotional development
- [x] Physical development
- [x] Approaches toward learning

☐ Other

Describe:

d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

Each of the local Child Care Resource and Referral agencies has community partnerships that promote families' access to services that support their children's learning and development. Since this varies locally within Indiana's ninety-two (92) counties it is customized to their regional area. All agencies have developed partnerships which allow them to go onsite and work directly with families around their child care needs. The CCR&R agencies provide consumer education about quality child care indicators to these families based on national best practices set forth by Child Care Aware® of America as well as referrals that meet their unique family needs. They educate families on PTQ, Indiana's quality rating and improvement system (QRIS) and provide the referrals in order of the highest rated providers, with higher rated providers referred first. CCR&RCO also hosts the statewide Consumer Education Office which provides information and resources to families through our toll-free phone number and also through an online referral portal. Information specific to their home is provided based on their expressed needs. Enhanced referrals are also provided to families with infants, toddlers, and children with special needs. If a family has a child with special needs, a Family Engagement Specialist works directly with the family to ensure the family receives the best care possible for their child. This includes the specialists working with the provider to ensure the child's needs are met by assisting the provider to set appropriate goals to meet the benchmarks of an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP). The lead agency contracts with the SPARK Learning Lab to provide expertise of an Infant/Toddler Specialists or Inclusion Specialists to assist the CCR&R Family Engagement Specialists located in the five local CCR&R agencies when needed. Supports are available for all families based on their need, and these services are available for all children birth to kindergarten entry and beyond.

e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates

Indiana's Early Learning Foundations will be updated as needed and are reviewed consistently by the Indiana Department of Education and the Lead Agency. These

guidelines were first produced in 2002 with content for children from birth to age three added in 2004 and 2006, and they were most revised most recently in 2015. These Foundations focus on the needs of all children birth to kindergarten entry and beyond.

f) If applicable, discuss the state process for the adoption, implementation and continued improvement of state out-of-school time standards

The Lead Agency works closely with SPARK Learning Lab, the Indiana Department of Education, and local, regional and statewide out-of-school time organizations to support the adoption, implementation and continued improvement of state out-of-school standards.

g) Provide the Web link to the state/territory's early learning and developmental guidelines.

http://www.doe.in.gov/sites/default/files/earlylearning/foundations-2015-august-12.pdf

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

-- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,

-- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The Early Learning Foundations include the following content areas: English/language arts, mathematics, social emotional skills, approaches to play and learning, science, social studies, creative arts, and physical health and growth. By outlining specific topics and indicators in each of these content areas, the Foundations support teachers, parents, caregivers, and other professional personnel as they develop appropriate experiences for

young children. The primary audience for this framework is early childhood educators, program directors, school administrators, and college and university faculty. This core document was developed for use in all types of early childhood programs for all children birth to kindergarten entry. The Foundations show early educators the developmental progression that typically developing young children should experience as they grow toward Kindergarten readiness. Understanding the developmental progression gives early educators the ability to individualize instruction and experiences to advance each child's development and learning.

Effective Date: 10/01/2018

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).

2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).

3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

-- Supporting the training and professional development of the child care workforce

-- Improving on the development or implementation of early learning and developmental guidelines

-- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services

-- Improving the supply and quality of child care programs and services for infants and toddlers

-- Establishing or expanding a statewide system of child care resource and referral services

-- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)

-- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children

-- Supporting providers in the voluntary pursuit of accreditation

-- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

-- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)) These activities can benefit infants and toddlers through school age populations.

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

The Lead Agency requires each contracted CCR&R agency to do an annual professional development needs assessment which reflects an environmental scan of regional provider needs. This needs assessment is utilized and then integrated into the services supplied by Indiana Association for the Education of Young Children to determine the supports for accreditation, T.E.A.C.H. scholarships and Child Development Accreditation (CDA) classes throughout the state. In addition, targeted professional development services are offered to providers through Early Learning Indiana's (the Child Care Resource and Referral Central Office) training support system and online professional development platform. United Way of Central Indiana utilizes these assessments to offer support for the expansion of family child care providers and ministry providers by offering intensive and targeted coaching supports. Finally, the Lead Agency has partnered with a higher education research group to explore the impact of professional development delivered by social media contacts.

Effective Date: 10/01/2018

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

The Office of Early Childhood and Out-of-School Learning (OECOSL) has identifiedthe following findings per an analysis of the needs assessments.

- Providers are, for the most part, available for trainings in the early evenings and on Saturday mornings
- They are comfortable utilizing technology to access trainings though they appreciate face-to-face, small group opportunities

Providers are interested in trainings around the following topics:

- Child abuse and neglect
- Indiana Early Learning foundations
- Developmental milestones
- Active/outdoor play
- Emotional needs
- Positive social behaviors
- Supporting students with disabilities
- Health practices
- School readiness
- Targeted curriculum

The OECOSL's over arching goals for quality improvement include the following: 1) offering convenient training opportunities via technology and at requested times, 2) offering social and emotional support training opportunities that allow providers to meet the needs of the children in their care, 3) offering school readiness training opportunities that assist children in succeeding in school, and 4) offering training opportunities that focus on healthy living for children.

Effective Date: 10/01/2018

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

Effective Date: 10/01/2018

☑ Supporting the training and professional development of the child care workforce If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.

☑ CCDF funds

☑ Other funds

Describe:

The Head Start Collaboration Office within the Lead Agencyoffers various training and professional development opportunities for the early childhood education workforce within the State of Indiana.

- [x] Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.
  - [x] CCDF funds
  - [ ] Other funds

  Describe:

- [x] Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.
  - [x] CCDF funds
  - [ ] Other funds

  Describe:

- [x] Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply
  - [x] CCDF funds
  - [ ] Other funds

  Describe:

- [x] Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.
  - [x] CCDF funds
  - [ ] Other funds

  Describe:

- [x] Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.
  - [x] CCDF funds
  - [ ] Other funds

Describe:

☑ Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

☑ CCDF funds

☐ Other funds

Describe:

☑ Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.

☑ CCDF funds

☐ Other funds

Describe:

☑ Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.

☑ CCDF funds

☐ Other funds

Describe:

☑ Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply

☑ CCDF funds

☑ Other funds

Describe:

The Lead Agency utilizes State funded On My Way Pre-k dollars in designated counties for a pilot program. This program is aimed at preparing children from low income households for successful entry into kindergarten. On My Way Pre-k providers participate in the top two levels of the State's QRIS system.

7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce

Effective Date: 10/01/2019

a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

☑ Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies

Describe:

Currently Indiana Learning Paths is the platform utilized to support research based training for providers state-wide. In addition, SPARK Learning Lab offers multiple opportunities for free professional development for regional providers. The system offers face-to-face, synchronous and asynchronous learning opportunities to accommodate adult learning theory and practice. Specific positions, i.e. specialists and coaches, exist on a state-wide and regional basis offering individual providers support on the social, emotional, physical and cognitive development of children.

☑ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.5.)

Describe:

Currently Indiana Learning Paths is the platform utilized to support research based training for providers state-wide. In addition, SPARK Learning Lab offers multiple

opportunities for free professional development for regional providers. The system offers face-to-face, synchronous and asynchronous learning opportunities to accommodate adult learning theory and practice. Specific positions, i.e. specialists and coaches, exist on a state-wide and regional basis offering individual providers support on behavior management strategies

☑ Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development

Describe:

Currently Indiana Learning Paths is the platform utilized to support research based training for providers state-wide. In addition, SPARK Learning Lab offers multiple opportunities for free professional development for regional providers. The system offers face-to-face, synchronous and asynchronous learning opportunities to accommodate adult learning theory and practice. Specific positions, i.e. bi-lingual specialists, exist on a state-wide and regional basis offering individual providers support on behavior management strategies. In addition the Lead Agency has positions at the CCRRCO Level and SPARK Learning Lab who support family language needs, regional bi-lingual specialists' needs, and translation needs for state-wide materials and trainings.

☑ Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards.

Describe:

Currently Indiana Learning Paths is the platform utilized to support research based training for providers state-wide. In addition, SPARK Learning Lab offers multiple opportunities for free professional development for regional providers. The system offers face-to-face, synchronous and asynchronous learning opportunities to accommodate adult learning theory and practice. Specific positions, i.e. Bi-lingual specialists and coaches, exist on a state-wide and regional basis offering individual providers support on early learning and developmental standards. The Lead Agency also funds coaches assigned to programs participating in the Paths to Quality (PTQ) program who support providers in identifying and implementing curriculums to support

student learning.

☑ Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development

Describe:

The Lead Agency's Child Care Finder website provides information regarding child care options, and Brighter Futures, a consumer education website supported by the Lead Agency, offers parents access to comprehensive community services as well as best practices in early childhood education. In addition, each of the five (5) CCR&R agencies offers support services for families. Family Engagement Specialists and Community Engagement Specialist, exist on a state-wide and regional basis offering families links to community-based supports and services. In addition, the regional agencies work with community based coalitions that target the needs of families. Finally, the Lead Agency has developed a comprehensive Consumer Statement that is shared with each family at time of enrollment. This statement includes detailed information about child care.

☑ Using data to guide program evaluation to ensure continuous improvement

Describe:

Evaluations are collected by SPARK Learning Lab and the regional CCR&R agencies following training to determine level of understanding and increase of knowledge. This information is compiled and evaluated by SPARK Learning Lab and the CCRRCO and shared with the Lead Agency. In addition, the CCRRCO collects data through the National Data System for Child Care (NDS) that indicates provider attendance and overall child reach; this information is also shared with the Lead Agency

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

Describe:

SPARK Learning Lab's Inclusion Specialists creates content and offers trainings in face-to-face, synchronous and asynchronous platforms. In addition Indiana Learning Paths, offers providers trainings on resources that focus on developmental delays and disabilities. In addition, the Lead Agency has a staff member that works closely with

community and state-wide initiatives that offer parents support in a variety of developmental and disability areas.

- [x] Caring for and supporting the development of children with disabilities and developmental delays

Describe:

SPARK Learning Lab's Inclusion Specialists creates content and offers trainings in face-to-face, synchronous and asynchronous platforms. In addition Indiana Learning Paths, offers providers trainings on resources that focus on developmental delays and disabilities. In addition, the Lead Agency has a staff member that works closely with community and state-wide initiatives that offer parents support in a variety of developmental and disability areas.

- [x] Supporting the positive development of school-age children

Describe:

The Lead Agency has a content expert School Age Specialists contracted through SPARK Learning Lab.SPARK Learning Lab's School Age Specialists creates content and offers trainings in face-to-face, synchronous and asynchronous platforms. In addition, the Lead Agency partnered with the Indiana Department of Education to fund a position that serves as a liaison between public schools and Indiana's Pre K initiative, On My Way Pre K.

- [ ] Other

Describe:

b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply

- [x] Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling
- [x] Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities
- [x] Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education

☐ Other

Describe:

7.3.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The Lead Agency tracks multiple measures related to the implementation of CCDF-funded infant/toddler quality initiatives including:

- The number of enhanced referrals completed for families with infants and toddlers
- The number of insufficiencies related to infant/toddler standards in PTQ
- The number of safe sleep violations in regulated care
- The hours of infant/toddler training conducted by child care resource and referral agencies, including the programs receiving this training and the number of children impacted
- The number of hour of technical assistance provided by Infant/Toddler and Includion specialists

The Lead Agency monitors this data for progress towards the ultimate goal of improviding the quality of infant and toddler services in Indiana. Indiana administers surveys of families who have received enhanced referrrals to assist in locating care for an infant or toddler to measure the impact of these services and make improviements as needed.

Effective Date: 10/01/2018

7.4 Quality Rating and Improvement System (QRIS)

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards

2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.4.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

Effective Date: 10/01/2019

☐ No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.

☐ No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.

☐ Yes, the state/territory has a QRIS operating statewide or territory-wide

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available.

Indiana's QRIS, Paths to Quality, is state administered by the Lead Agency. Other partners involved in planning and supporting quality improvement activities are the Head Start State Collaboration Office, the Indiana Department of Education, the Indiana Association for the Education of Young Children, The Child Care Resource and Referral Central Office, the five local child Care Resource and Referral Agencies, The Indiana Early Childhood Education Forum, SPARK Learning Lab and The Consultant Consortium (TCC). The Lead Agency supports the following websites that contain information on PTQ.

http://www.in.gov/fssa/carefinder/2554.htm

www.childcareindiana.org

http://brighterfuturesindiana.org/ (under the tab "healthy and safe care").

☐ Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

☑ Yes, the state/territory has another system of quality improvement

If the response is yes to any of the above, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its

progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency has state goals that are established for the overall number of programs participating in the QRIS, the number of programs moving up in the QRIS, reduction in licensing violations and increasing program standards that are obtained and are monitored through the contracted with SPARK Learning Lab. In addition, the 5 CCR&R organizations provide community outreach and consumer education with the support of the CCRRCO to ensure community support and awareness of the QRIS system. Indiana Learning Paths, is the Learning Management System the Lead Agency uses to provide asynchronous and synchronous professional development for programs participating in Indiana's QRIS system in conjunction with face to face, cohort learning and distance learning solutions across the state to ensure progression of quality.

7.4.2 QRIS participation

Effective Date: 10/01/2018

a) Are providers required to participate in the QRIS?

- [x] Participation is voluntary
- [ ] Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).
- [ ] Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply

- [x] Licensed child care centers
- [x] Licensed family child care homes
- [x] License-exempt providers
- [x] Early Head Start programs

- [x] Head Start programs
- [x] State prekindergarten or preschool programs
- [x] Local district-supported prekindergarten programs
- [x] Programs serving infants and toddlers
- [x] Programs serving school-age children
- [x] Faith-based settings
- [ ] Tribally operated programs
- [ ] Other

Describe:

7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.6.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

Effective Date: 10/01/2018

- [x] No
- [ ] Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
  - [ ] Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system) .
  - [ ] Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
  - [ ] Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

- [ ] Programs that meet all or part of state/territory school-age quality standards.
- [ ] Other.

Describe:

7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

Effective Date: 10/01/2018

- [ ] No
- [x] Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
  - [x] Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
  - [x] Embeds licensing into the QRIS
  - [ ] State/territory license is a "rated" license
  - [ ] Other.

Describe:

7.4.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS

Effective Date: 10/01/2018

- [ ] No
- [x] Yes. If yes, check all that apply
  - [x] One time grants, awards, or bonuses.
  - [ ] Ongoing or periodic quality stipends
  - [x] Higher subsidy payments
  - [x] Training or technical assistance related to QRIS.
  - [x] Coaching/mentoring.

- [x] Scholarships, bonuses, or increased compensation for degrees/certificates
- [x] Materials and supplies
- [ ] Priority access for other grants or programs
- [ ] Tax credits (providers or parents)
- [x] Payment of fees (e.g., licensing, accreditation)
- [ ] Other

Describe:

7.4.6 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The OECOSL has performance measures outlined in the contracts for both the CCR&Rs and SPARK Learning Lab with payment withholds attached related to measureable indicators of progress relevant to this use of funds that the state uses in order evaluate its progress in improving the quality of child care programs and services within the state. Each agency is held responsible to show improvement in increasing the number of early childhood programs available within each county and by type (i.e. child care home, center etc.) and quality level to ensure sufficient supply of early childhood care and education options for children and families. Each contract has potential financial penalties and corrective action procedures outlined to ensure that goals are met throughout the life of the contract and that communities and family needs are met.

OECOSL is a member of the Early Learning Advisory Committee (ELAC) which produces an annual report on the quality of care being delivered as well as access to care. This annual report can be found at http://www.elacindiana.org/data/annual-reports/ OECOSL has also partnered with Early Learning Indiana to develop enhanced county dashboards that allow community members and OECOSL to look at data related to the quality of care being delivered as well as accessibility issues by county. As outlined in the ELAC annual report six years ago, Indiana only had 708 high-quality early childhood care and education programs with just under 11,000 children enrolled. In 2017, there were 1,198 high-quality early childhood care and education programs with 49,300 children enrolled. In the past year alone, Indiana has added 100 additional high-quality early childhood care and education programs

and enrolled over 4,300 more children in high-quality programs.

Effective Date: 10/01/2019

7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs. Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe

Effective Date: 10/01/2019

☐ Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families

Describe:

☑ Establishing or expanding the operation of community- or neighborhood-based family child care networks.

Describe:

The Lead Agency partners with Early Learning Indiana (ELI) and local Child Care

Resource and Referral (CCR&R) Agencies on a Quality Improvement Campaign to create and maintain Family Child Care Cohorts across the state. The CCR&R agencies provide meaningful professional development experiences to enhance the quality of family childcare networks in their region. The goal is to support eight (8) to twelve (12) Family Child Care Providers, per region, as they work to advance towards the obtainment of a CDA credential and move through the levels of PTQ. Through private partnerships, the cohorts will receive financial incentives and support in coordination with Early Learning Indiana. This type of support has created a successful professional development environment model that can be duplicated and will improve quality, knowledge-base, compensation, and retention. SPARK Learning Lab has a specific focus on building and expanding upon this work with the Town Square Indiana which is an online environment designed for family child care home programs and their unique challenges. Town Square is an opportunity to share with and support other home-based early education professionals, with the support of a coach, and build skills towards building quality family child care networks through professional development and learning.

☑ Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers

Describe:

The Lead Agency hosted a training for trainers that focused on the six essential program practices for infants and toddlers. This training for trainers will provided support for trainers to develop training on each of the six essential policies for relationship-based care (Primary Care, Small Groups, Continuity of Care, Individualized Care, Culturally Sensitive Care, and Inclusion) to Child Care and Head Start programs. This training was open to Head Start and Earl Head Start, as well asCCR&R infant toddler specialists.

☑ Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists

Describe:

The Lead Agency provides infant and toddler specialists that are accessable to any early education provider in Indiana to acces for training supports. These specailists can do group trainings or can provide one to one support for programs who need more intenstive

technical assistance. OECOSL also funds through SPARK Learning Lab coaches available to support this network.

☑ Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

Child care providers who experience concerns with the development of an Infant orToddler can refer the parents to First Steps, Indiana's Early Intervention Agency. Early Intervention Specialists can perform a complete evaluation on the child and work with the parents to develop an Individualized Family Service Plan (IFSP). As part of an IFSP, a family can request for an Early Intervention Specialist to provide services to the infant or toddler at their provider. These services can include training and technical assistance forthe child care provider to support the Intervention Specialist in meeting the IFSP goals forthe child and family.

☑ Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments

Describe:

Indiana has specific Infant Toddler indicators for each standard at each level of PTQ, the State's QRIS. Examples of these indicators include:

- Infants are given one-to-one attention during feeding and diapering
- Caregivers engage in many one-to-one, face-to-face interactions with infants/toddlers, including singing and playful interactions
- Individual napping schedules are respected for infants/toddlers
- Teachers respond to sounds/speech, including by imitating infants' vocalization and engaging toddlers in conversation

☑ Developing infant and toddler components within the state/territory's child care licensing regulations

Describe:

Indiana's rules for licensed child care centers include specific requirements related to caring for infants and toddlers, including:

- Continuity of care for children under thirty (30)months of age;
- Providing a daily program that is designed to meet the developmental needs of infants and toddlers;
- Talking with, singing, and reading to infants; naming objects, describing events, and

reflecting feelings to help children learn new words;
- Respecting toddler's desire to carry favored objects around with them;

The Interpretive Guide for licensed child care home rules addresses activities for infants and toddlers that also support healthy development.

☑ Developing infant and toddler components within the early learning and developmental guidelines

Describe:

The Indiana Early Learning Foundations are Indiana's early learning development framework and are aligned to the 2014 Indiana Academic Standards. This framework provides core elements that children should achieve from birth to age five in order to beready for future success. The Foundations create common language and expectationsfor the early childhood field.

☑ Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development

Describe:

All families that are seeking care for their infant or toddler have access to an enhanced referral process through Child Care Resource and Referral (CCR&R). Through this process the Family Engagement specialists provides one on one support to assist families in understanding what high quality child care for infants and toddlers looks like. Families with infants/toddlers receive referrals to programs that meet their unique needs and the Family Engagement Specialist is available throughout the process to answer all of their questions to help them find a good fit for their child. The Lead Agency also utilizes websites for consumer education. www.childcarefinder.in.gov provides health and safety information for all providers (including providers who serve infants and toddlers), licensing and regulatory requirements, inspection reports and any validated complaints. It also includes information about the PTQ Standards. There are many standards specific to the high quality care of infants and toddlers, and all standards are transparent and available to the public on Indiana's regulatory website. The Brighter Futures Indiana Campaign (http://brighterfuturesindiana.org/) provides information for consumers specific to Infants and toddlers. There are many resources available to families, including but not limited to, information around developmental screening,

new research around infant and toddler care and development, Indiana's Early Learning foundations, and quality indicators for infant and toddler care.

☐ Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being

Describe:

☐ Coordinating with child care health consultants.

Describe:

☐ Coordinating with mental health consultants.

Describe:

☑ Other

Describe:

The Happy Babies Brain Trust has developed an issue brief which brings attention toinfant/toddler issues in Indiana. This issue brief, finalized in late 2015, has been disseminated throughout Indiana to bring awareness of issues and priority areas forfuture work regarding infants, toddlers, and their families. Indiana's Early Learning Advisory Council supports utilizing the brief as a springboard for championing for Indiana's youngest citizens. Progress is being measured by analyzing the increase of infant/toddler seats throughout the state as well as the number of high quality infant/toddler seats throughout the state. Of the more than 4,000 additional children enrolled in high-quality early childhood care and education programs since last year, over 3,000 (or 69%) of them were preschool-age children. This is partly due to On My Way Pre-K expansion that has resulted in more high-quality preschool programs and additional seats in existing high-quality programs. However, there was also an increase in infants and toddlers enrolled in high-quality early childhood care and education programs. Some programs that improved their level of quality in order to participate in On My Way Pre-K also serve infants and toddlers. Additionally, the Lead Agency along with its partners, adopted statewide goals around reducing safe sleep violations in 2018. As a result of this goal, significant increases in referrals from OECOSL licensing staff to infant/toddler specialists occurred which resulted in increased technical assistance to programs that demonstrated

a lack of compliance with Safe Sleep Practices. Due to this increased awareness and focus on safety, Indiana's General Assembly passed SEA 187 mandating that OECOSL impose a series of fines for providers who demonstrate ongoing noncompliance with Safe Sleep Practices. OECOSL will be able to track data regarding these fines and the number of noncompliances that were able to be systemically corrected as a result of this intervention.

7.5.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures

Progress is being measured by analyzing the increase of infant/toddler seats throughout the state as well as the number of high quality infant/toddler seats throughout the state. Of the more than 4,000 additional children enrolled in high-quality early childhood care and education programs since last year, over 3,000 (or 69%) of them were preschool-age children. This is partly due to On My Way Pre-K expansion that has resulted in more high-quality preschool programs and additional seats in existing high-quality programs. However, there was also an increase in infants and toddlers enrolled in high-quality early childhood care and education programs. Some programs that improved their level of quality in order to participate in On My Way Pre-K also serve infants and toddlers. Additionally, OECOSL along with its partners, adopted statewide goals around reducing safe sleep violations in 2018. As a result of this goal, significant increases in referrals from OECOSL licensing staff to infant/toddler specialists occurred which resulted in increased technical assistance to programs that demonstrated a lack of compliance with Safe Sleep Practices. Due to this increased awareness and focus on safety, Indiana’s General Assembly passed SEA 187 mandating that OECOSL impose a series of fines for providers who demonstrate ongoing noncompliance with Safe Sleep Practices. OECOSL will be able to track data regarding these fines and the number of noncompliances that were able to be systemically corrected as a result of this intervention.

Effective Date: 10/01/2018

7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.6.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The overall function of each local CCR&R agency is to provide family and community outreach and quality improvement activities. These activities include providing resources to programs that wish to access TA supports around caring for and teaching infants and toddlers, school age children, children with special needs, and children whose primary language is not English; conducting consumer education activities, including family referrals and community based outreach; building community based collaborative partnerships that support the State's vision and priority areas; collecting data pertinent to Early Childhood Education (ECE) and Out-of-School Time (OST) programs in Indiana; and participating in activities related to increasing the quality, affordability and accessibility of ECE and OST programs.

The lead agency will utilize a Coordinating Network for the CCR&R program. The Coordinating Network will provide guidance to local CCR&Rs on how to complete assessments, synthesize data and make service provision more consistent. The CCRRO will provide training, technical assistance and other support for the State's CCR&R system as well as be responsible for state-level data collection, analysis, and dissemination on early childhood care and education supply and demand, cost and quality, and CCR&R activities and services. As the governing body of the Coordinating Network, CCRRO will support statewide programs and systems, such as: centralized early childhood consumer education and referral services, professional development and workforce registries and the online training platform.

The 4 core services of the CCR&Rs are:

- **Parent Education and Referral Support**
  - **The CCR&R shall perform Parent Education and Referral Support services as a core local CCR&R responsibility. This service category focuses on providing families with information about the different types of early childhood care and education available that would meet their specific needs, access information about the characteristics of a quality early childhood program and receive information about other community resources.**
- **Program Services**
  - **The CCR&R shall perform Program Services as a core local CCR&R responsibility. This service category focuses on supporting early childhood programs through professional development in early childhood care and education, assistance with starting the business of a family child care home, training on Indiana state licensing requirements, and recommendations for operating a quality early childhood program.**
- **Public Awareness and Engagement**
  - **The CCR&R shall perform Public Awareness and Engagement services as a core local CCR&R responsibility. This service category focuses on promoting awareness of local CCR&R services and providing community members and organizations with information about the supply and demand for early childhood care and education, including information on the types of programs available, the types of programs parents are asking for, and the gaps between the two.**
- **Data Collection and Assessment**
  - **The CCR&R shall perform Data Collection and Assessment duties as part of their local CCR&R agency responsibilities. This responsibility category focuses on ensuring that all relevant performance data and information on families, programs, community organizations, and the local CCR&R agency itself is collected, utilized, and stored for quality improvement and monitoring purposes.**

Each CCR&R is held accountable to these outcomes through monthly contract monitoring teleconferences between the Lead Agency and CCR&RCO. The local agency is responsible for ensuring correct data entry prior to these monitoring calls. Each outcome measure is discussed in coordination with the accompanying data. The lead agency has identified metrics to use to track CCR&R performance and adherence to the requirements of the Contract. These performance measures shall be tracked over the course of the Contract. Should the CCR&R fail to meet any of the performance measures, the lead agency may enforce corrective actions and monetary withholds as outlined in the agreements. CCR&Rs will be measured on the following long term outcome indicators:

In order to ensure that the Parent Education and Referral Support key responsibilities are met, these long term outcome indicators shall be used as a way to measure successful delivery of services:

1. **Increased parental satisfaction with the supports and services provided by the local CCR&R agency.**
2. **Improved parental knowledge of characteristics of high quality early childhood care and education after contact with the local CCR&R agency.**
3. **Increased support of parents' employment, education, or related experiences through early childhood care and education.**
4. **Decreased limitation of parents' employment, education, or related experiences due to quality, affordably, scheduling, stability or other early childhood care and education issues.**
5. **Increased family satisfaction with the early education system and access to needed supports.**
6. **Increased family self-sufficiency and ability to achieve personal goals related to access to high quality care and education.**
7. **Decreased number of early childhood care and education settings used by a specific child within the past two years, supporting greater child development and continuity of care and education.**

Effective Date: 10/01/2019

7.7 Facilitating Compliance With State Standards

7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe:

The OECOSL utilizes CCDF quality funding to support the licensing consultants to facilitate monitoring of early education programs. The work of the licensing consultant is twofold, first is to ensure that providers demonstrate compliance with all state and federal requirements and second to provide technical assistance and referrals to more intensive technical assistance to support the provider in rectifying deficiencies. Training is provided at many levels for early education providers. Currently Training Central is the platform utilized to support research based training for providers state-wide, and this platform is being transformed into a leveled training system called Indiana Learning Paths. In addition, each of the nine (9) CCR&R agencies offers multiple opportunities for free professional development

for providers. Both the systems offer face-to-face, synchronous and asynchronous learning opportunities to accommodate adult learning theory and practice.

Effective Date: 10/01/2018

7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

Effective Date: 10/01/2018

- [x] No
- [ ] Yes. If yes, which types of providers can access this financial assistance?
  - [ ] Licensed CCDF providers
  - [ ] Licensed non-CCDF providers
  - [ ] License-exempt CCDF providers
  - [ ] Other

  Describe:

7.7.3 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The Lead Agency produces monthly licensing reports that track compliance data such as monthly and year-to-date numbers of providers with licensing non-compliances, probationary licenses, validated complaint information, and enforcement actions. The Lead Agency looks for trends in reports showing a decline in complaints and enforcement actions as a result of our strategies used for continuous quality improvement. Onsite licensing inspections include, but are not limited to, monitoring of training and health & safety requirements. The Lead Agency surveys providers frequently to measure the effectiveness of monitoring and technical assistance.

7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children

The Lead Agency measures the quality of a program by its rating. The Lead Agency's QRIS is composed of four levels and uses a block rating structure. Ratings are based on four categories:

1), Health & Safety

2) Program Administration,

3) Environment and Instruction, and

4) Accreditation.

Program evaluations are done yearly and used to develop a program improvement plans. Improvements and other data are tracked by CCIS (Child Care Information System), a web-based, system that is integrated with licensing and the subsidy system to collect data pertaining to rating, coaching , technical assistance, case management financial incentives, observational scores and more. The tool that is used to conduct these ratings is a state developed tool that is based on the state's PTQ/QRIS Standards used, and providers must achieve a rating with a specific score in order to attain a level rating. Ratings are given based on PTQ Standards, and raters utilize a manual that indicates standards and the PTQ requirements.

Services offered to programs (teachers, classroom, provider improvements) include:

- Mentoring
- Coaching
- Consultation
- Professional development
- Advising

Families are offered the PTQ tool they can use to locate PTQ providers and their levels. The maintenance of and continuous quality improvement of providers through this QRIS is a measurement of positive impact to children.

Effective Date: 10/01/2018

7.8.2 Describe the measureable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures

The Lead Agency establishes PTQ provider advancement and level maintenance goals to measure progress in improving program quality. Programs participating in the QRIS at levels 2, 3 and 4 are rated annually by independent raters who assess program compliance with the quality indicators including health and safety. The number of insufficiencies is tracked in the monthly rating summary data reports, and programs receive follow-up technical assistance to address any insufficiencies. Trend data is monitored to evaluate progress over time and to help focus technical assistance needs within the system. In addition, the Lead Agency utilizes multiple progress indicators through its monitoring system, CCIS. Measurable indicators are reported and logged into CCIS, and those indicators include but are not limited to the following:

- Professional development and education qualifications and trainings
- Program administration
- Management and leadership trainings
- Environment and instruction qualifications via ratios
- Groups sizes
- Health and safety
- Curriculum
- Child assessment
- Environment assessments
- Interaction measurements
- Provisions for children with special needs
- National accreditation

7.9 Accreditation Support

7.9.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

Effective Date: 10/01/2018

☑ Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

The Lead Agency has integrated accreditation supports state-wide via the QRIS Level 4. There are several approved accreditation organizations:

- Council on Accreditation- Child and Youth Development (COA-CYD),
- National Association for the Education of Young Children (NAEYC),
- National Association for Family Child Care (NAFCC),
- National Early Childhood Program Accreditation (NECPA),
- Association of Christian Schools International (ACSI),
- National School Age Care Alliance (NSACA)

Accreditation supports are built into the QRIS so that providers have coaches who assist them in reaching accreditation, and there are financial incentives for attaining accreditation as well as maintaining accreditation. In addition to the accreditation supports, there is also tiered funding that allows for providers who increase their levels within the QRIS receive higher reimbursement rates based on this tiered system.

☐ Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

☐ Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation

that the state/territory provides to family child care

Describe:

☐ Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

☐ Focused on child care centers

Describe:

☐ Focused on family child care homes

Describe:

☐ No, but the state/territory is in the accreditation development phase

☐ Focused on child care centers

Describe:

☐ Focused on family child care homes

Describe:

☐ No, the state/territory has no plans for accreditation development

7.9.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The Lead Agency establishes PTQ provider advancement and level maintenance goals to measure progress in improving program quality. Programs participating in the QRIS at levels 2, 3 and 4 are rated annually by independent raters who assess program compliance with the quality indicators including health and safety. The number of insufficiencies is tracked in the monthly rating summary data reports, and programs receive follow-up technical assistance to address any insufficiencies. Trend data is monitored to evaluate progress over time and to help focus technical assistance needs within the system. In addition, the Lead Agency utilizes multiple progress indicators through its monitoring system, CCIS. Measurable indicators are reported and logged into CCIS, and those indicators include but are not limited to the following:

- Professional development and education qualifications and trainings
- Program administration
- Management and leadership trainings
- Environment and instruction qualifications via ratios
- Groups sizes
- Health and safety
- Curriculum
- Child assessment
- Environment assessments
- Interaction measurements
- Provisions for children with special needs
- National accreditation.

The data in the Lead Agency's system clearly indicates an increase in PTQ enrolled providers and an increase in level attainment within PTQ.

Effective Date: 10/01/2018

7.10 Program Standards

7.10.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children

The OECOSL supports a system of coaches and specialists who actively share health-focused supports with providers in trainings and technical support. Much of the health-focused supports are based on state-wide and local programs, such as Taking Steps for Healthy Success, as well as trainings on Training Central/Indiana Learning Paths. Mental health. Describe the supports: The OECOSL supports a system of coaches and specialists who have access to programs geared towards children's mental health. For example, Project LAUNCH (PL) funding is an example of the Indiana State Department of Health (ISDH), the Department of Mental Health and Addition (DMHA), the Department of Child Servies (DCS) and a local community mental health center working together to improve children's mental health in South Eastern Indiana. Funding from PL also brought opportunity for training of using the DC: 0-5™ the Diagnostic Classification of Mental Health and Developmental

Disorders of Infancy and Early Childhood. In-person day-long training was brought to 3 sites around the state for clinicians of community mental health centers and private practice. Additionally a series of 4 live and recorded webinars is available to provide an overview of the DC: 0-5™ for families, early care and education providers, home visitors, and clinicians. In addition, the OECOSL is partnering with other state agencies in the implementation of The Help Me Grow initiative, which is focused on the support of healthy children and families. All of these services serve as supports for coaches and specialists who directly support providers. Nutrition. Describe the supports: The OECOSL, through contractors, provides coaches and specialists who work directly with providers to enhance the quality of their nutrition within their early childhood programs via trainings and technical assistance. In addition, the CCRRCO participates in the Taking Steps to Healthy Success program which targets increasing fruit and vegetable consumption. Physical activity. Describe the supports: The OECOSL, through contractors, provides coaches and specialists who work directly with providers to enhance the quality physical activity within their early childhood programs via trainings and technical assistance. In addition, the CCRRCO participates in the Taking Steps to Healthy Success program which targets decreasing screen time and increasing physical activity for children. Physical development. Describe the supports: The OECOSL, through contractors, provides coaches and specialists who work directly with providers to enhance the quality of their programs by focusing on the use of foudnations trainings within their early childhood programs via trainings and technical assistance. In addition, the CCRRCO participates in the Taking Steps to Healthy Success program as well as integrating components of the Help Me Grow program and easy access to the CDC's Learn the Signs. Act Early development milestones, which are highlighted for providers and familes on the consumer eduction website, Brighter Futures (www.brighterfuturesindiana.org).

Effective Date: 10/01/2018

7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

Trend data is monitored to evaluate progress over time and to help focus technical

assistance needs within the system. In addition, the Lead Agency utilizes multiple progress indicators through its monitoring system, CCIS. Measurable indicators are reported and logged into CCIS, and those indicators include but are not limited to the following: professional development and education qualifications and trainings; program administration, management and leadership trainings, environment and instruction qualifications via ratios, groups sizes, health and safety, curriculum, child assessment, environment assessments, interaction measurements and provisions for children with special needs as well as accreditation. The data in the Lead Agency's system clearly indicates an increase in PTQ enrolled providers and an increase in level attainment within PTQ. Additionally, the On My Way Pre-K evaluation, being conducted by Purdue University, is a longitudinal study which will follow the children through third grade and provide rich data on child outcomes and growth.

Effective Date: 10/01/2018

7.11 Early Learning and Development Guidelines and Other Quality Improvement Activities

7.11.1 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

The Lead Agency partners with the Indiana Department of Education (IDOE)and the Higher Education forum to continuously assess Indiana's Early Learning Foundations. Measurements of student progress, based upon the Early Learning Foundations, can be measured through the IDOE's Indiana Standards Tool for Alternate Reporting of Kindergarten Readiness (ISTAR-KR). This tool is free to all early childhood providers and supported through the IDOE. The Lead Agency has partnered with the IDOE and provided financial support to update the ISTAR-KR system to ensure continual growth of the system. Progress will be measured by assessing the number of programs administering the

ISTAR-KR and using its information to support the lesson planning and curriculum implementation at a program level. The Lead Agency has built in incentives for early childhood programs to use ISTAR-KR in ways such as requiring its use to apply for contracted CCDF slots and it being statutorily required for programs who participate in the states Pre-k pilot, On My Way Pre-k.

Effective Date: 10/01/2018

7.11.2 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities, and also describe the measureable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures. Describe:

In addition to the above noted program monitoring indicators, Indiana's state-funded pre-K pilot program, On My Way Pre-K, has expanded the enrollment of low-income four year-old children in high-quality early childhood settings. Children enrolled in this program will now have anopportunity to both attend pre-K and be better prepared for kindergarten. This program requires services through a mixed delivery system which includes public schools and licensed or registered child care providers who have achieved a Level 3 or Level 4 in PTQ. Accredited private schools are also eligible to participatein the On My Way Pre-K program. Approved programs are monitored and rated yearly through our PTQ system. These pre-K pilot programs have expanded the number of high quality Level 3 and Level 4 programs in Indiana and, as a result, have also increased the number of quality slots in Indiana for all children. The program requires teachers to complete a pre and post ISTAR-KR Assessment (Indiana Standards Tool forAlternate Reporting of Kindergarten Readiness) for each child funded by the grant. Many programs have enrolled with the Indiana Department of Education and completed assessments for all children (infant through age 5) enrolled in their program. Assessment results from ISTAR-KR can be used to determine which skills a child has mastered and to identify the skills a student needs to learn next. This pre-K pilot program is also statutorily required to contract for an evaluation of the program. Evaluations include

assessment of the child's readiness for kindergarten and growth over the pre-K year.

Effective Date: 10/01/2018

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

-- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

-- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF

-- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities

-- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity. Check all that apply:

Effective Date: 10/01/2018

☑ Train on policy manual

Describe:

- AnyOECOSL staff members, Intake personnel or program monitor has to receive CCDF policy training before seeing any clients, gaining access to the eligibility software or monitoring any cases. All trainings are provided by OECOSL staff.

☑ Train on policy change notices

Describe:

- Depending on the policy change either an email with the policy update is sent to all eligibility users and then followed up by the CCDF Policy Consultant. If there are several policy changes or a complex policy change then eligibility users are trained by their CCDF Policy Consultant. All trainings are provided by OECOSL staff.

☑ Ongoing monitoring and assessment of policy implementation

Describe:

- Each week eligibility errors are identified and sent to the Intake Agents and the CCDF Policy Consultants. Eligibility errors are reviewed and corrected. The CCDF Policy Consultant follows up with additional trainings as needed.

☑ Other

Describe:

- The Lead Agency has updated the definitions for violations within the Office of Early Childhood and Out-of-School Learning (OECOSL) Operations Monitoring Manual to align with the changes within this State Plan response. These changes include Quality Assurances Procedures, Program Monitoring, and Compliance. For example: The Lead Agency has identified in policy what a CCDF applicant would need to update within their twelve (12) month authorization period, such as loss of service need, add/remove a family member, change in address, income over 85% SMI, one (1) million dollars in assets.

8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

Effective Date: 10/01/2018

☑ Verifying and processing billing records to ensure timely payments to providers

Describe:

- Family and Social Services Administration's Financial Management verifies the payment and our vendor makes payment through direct deposit to providers every 2 weeks

☑ Fiscal oversight of grants and contracts

Describe:

- The Lead Agency monitors all contracts and budgets for contract compliance.
- All claims submitted by grantees and contractors are reviewed for compliance with contract and for financial errors before being signed and approved for payment. Contracts are audited by FSSA Audit for contract compliance.

☑ Tracking systems to ensure reasonable and allowable costs

Describe:

- For client eligibilitythe Lead Agency has the Automated Intake System that enforces the CCDF policies for enrolling and and authorizing subsidy. There are Quality Assurance reports that are run daily and monitored by the Lead Agency for any inaccuracies.

☑ Other

Describe:

- The Lead Agency utilizes regional CCDF Policy Consultants who oversee all CCDF Intake Agents in the state. The Consultants make monthly monitoring visits to ensure CCDF policies are consistently and accurately followed. During these visits, Consultants also provide training and technical assistance as needed.
- The Lead Agency also remotely monitors 100% of client files to review for accuracy. Errors that are identified are sent to the Intake Agents to correct. CCDF Policy Consultants receive reports on areas with a high rate of errors to identify ongoing training needs.

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

Effective Date: 10/01/2018

☐ Conduct a risk assessment of policies and procedures

Describe:

☐ Establish checks and balances to ensure program integrity

Describe:

☐ Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

☑ Other

Describe:

- All CCDF funds are awarded using the Indiana Department of Administration's procurement policy and procedures which includes competitive bids.
- All sub-recipients, including those implementing quality improvement efforts and automation, have grants or contracts in place that require compliance with all State and Federal laws,rules and policies.
- Grantees are monitored regularly to ensure adequate progress is made toward these benchmarks. Each contract contains clearly identified benchmarks or performance measures. Each grantee claim submitted for reimbursement requires three (3) separate reviews and approvals verifying that all expenses claimed are allowable and within budget. Local Intake Agent practices and procedures are monitored through periodic progress reports and outcomes measurements that are reviewed to ensure that the goals of the CCDF program are being met within the established time frames.
- All financial documentation is reviewed at least once per year and all sub-recipients are subject to random program audits as well as mandatory annual audits.
- Sub-recipients also receive annual onsite monitoring visits. Each grant/contract contains clearly identified benchmarks for performance measures. To ensure accuracy and compliance during eligibility determination,
- Local Intake Agents are additionally monitored as follows:
    1. Weekly quality assurance review of data including identification of any critical errors;
    2. Weekly quality assurance reports distributed to local entity as well as State CCDF policy staff;

3. Monthly quality assurance conference calls;
4. Bi-weekly conference calls with the following participants: all local entities, State budget/operations staff, State policy staff, and State quality assurance staff;
5. Scanning of family application documents for direct service vouchers; Review of family application documents within ninety (90) days of completion or, as volume dictates, for verification; Initial critical eligibility errors result in a monetary penalty for Intake Agents; All ineligible applications are required to pay back all monthly case file payments paid;
6. Monthly random sample of parent and provider customer satisfaction surveys;
7. Monthly and quarterly program data reporting on data entry accuracy;
8. Monthly fiscal reporting ;
9. Grantee Accuracy Report; and If the error rate is over 3% the Intake Agent will be placed on probation for three (3)months .
10. Payments made to child care providers are monitored regularly through review of the swipe card data captured by the electronic payment attendance system.
11. Swipe activity is reconciled bi-weekly. Manual reviews of provider claims that differ from the automated claim are conducted.
12. FSSA Audit performs provider red-flag reporting utilizing data mining to identify suspicious swipe patterns and conducts random on-site and desk review provider audits to ensure compliance with the CCDF policy and procedures.

8.1.4 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

Effective Date: 10/01/2018

a) Check and describe all activities that the Lead Agency conducts to identify and prevent fraud or intentional program violations. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations. Include a description of the results of such activity.

☑ Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe

- the 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.
- Data is shared with FSSA Compliance Division for investigating fraud referrals for CCDF, TANF, CACFP, SNAP and Medicaid. By sharing data with FSSA Compliance they are able to identify if consistent information is shared with all agencies in determining compliance with program policies. The results of these activities is the recoupment of funds from families that were not eligible and could lead to incarceration.

☑ Run system reports that flag errors (include types).

Describe:

- The Lead Agency has the ability to run a variety of Quality Assurance reports within the Indiana Child Care Information System (CCIS) and the Electronic Time and Attendance System to identify Program Violations and Administrative Errors. If there are any errors they will be reviewed by the Lead Agency so that appropriate action can be taken to correct any errors that have been flagged

☑ Review enrollment documents and attendance or billing records

Describe:

- FSSA Audit runs data mining on our time and attendance and payment system to ensure accurate payment.
- FSSA Audit also goes out and audits providers in the field and verifies attendance and payment policies are being followed. If any inaccuracies are discovered during the audit process then the provider will have to repay any CCDF funding that was paid that was not compliant with policy.

☑ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

- Quality Assurance reports are generated out of both the CCDF eligibility software and the licensing software. These reports are reviewed by the Lead Agency and any errors that are identified are corrected or repayments may be generated as a result.

☑ Audit provider records.

Describe:

- Licensing staff monitors/inspects child care providers for CCDF compliance. During the inspections provider records are reviewed for CCDF compliance. If a provider is out of compliance with CCDF and does not correct the non compliance they receive a Notice of Order and are removed from being a CCDF provider.
- FSSA Audit also does on site visits and reviews providers time and attendance and payments for CCDF policy compliance.

☑ Train staff on policy and/or audits.

Describe:

- All Lead Agency staff that monitor, inspect providers or oversee contracts are trained on CCDF polices related to their program.

☐ Other

Describe:

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

☑ Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

- the 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.
- Data is shared with FSSA Compliance Division for investigating fraud referrals for CCDF, TANF, CACFP, SNAP and Medicaid. By sharing data with FSSA Compliance they are able to identify if consistent information is shared with all agencies in determining compliance with program policies. The results of these activities is the recoupment of funds from families that were not eligible.

☑ Run system reports that flag errors (include types).

Describe:

- The Lead Agency has the ability to run a variety of Quality Assurance reports within the Indiana Child Care Information System (CCIS) and the Electronic Time

and Attendance System to identify Program Violations and Administrative Errors. As a result of these reports it could lead to repayment of CCDF funds by both providers and/or parents.

☑ Review enrollment documents and attendance or billing records

Describe:

- FSSA Audit runs data mining on our time and attendance and payment system to ensure accurate payment.
- FSSA Audit also goes out and audits providers in the field and verifies attendance and payment policies are being followed. If any inaccuracies are discovered during the audit process then the provider will have to repay any CCDF funding that was paid that was not compliant with policy.

☑ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

- Quality Assurance reports are generated out of both the CCDF eligibility software and the licensing software. These reports are reviewed by the Lead Agency and any errors that are identified are corrected or repayments may be generated as a result

☑ Audit provider records.

Describe:

- Licensing staff monitors/inspects child care providers for CCDF compliance. During the inspections provider records are reviewed for CCDF compliance. If a provider is out of compliance with CCDF and does not correct the non compliance they receive a Notice of Order and are removed from being a CCDF provider.
- FSSA Audit also does on site visits and reviews providers time and attendance and payments for CCDF policy compliance.

☑ Train staff on policy and/or audits.

Describe:

- All Lead Agency staff that monitor, inspects providersor oversee contracts are trained on CCDF polices related to their program.

☐ Other

Describe:

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

☑ Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

- the 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.
- Data is shared with FSSA Compliance Division for investigating fraud referrals for CCDF, TANF, CACFP, SNAP and Medicaid. By sharing data with FSSA Compliance they are able to identify if consistent information is shared with all agencies in determining compliance with program policies. The results of these activities is the recoupment of funds from families that were not eligible.
- The results of these sharing and/or matching of data leads to possible new system developments, policies and/or procedures to reduce and prevent errors.

☑ Run system reports that flag errors (include types).

Describe:

- The Lead Agency has the ability to run a variety of Quality Assurance reports within the Indiana Child Care Information System (CCIS) and the Electronic Time and Attendance System to identify Program Violations and Administrative Errors.
- The results of these reports leads to possible new system developments, policies and/or procedures to reduce and prevent errors.

☑ Review enrollment documents and attendance or billing records

Describe:

- FSSA Audit runs data mining on our time and attendance and payment system to ensure accurate payment. FSSA Audit also goes out and audits providers in the field and verifies attendance and payment policies are being followed. If any inaccuracies are discovered during the audit process then the provider will have to repay any CCDF funding that was paid that was not compliant with policy.
- The results of these reports leads to possible new system developments, policies and/or procedures to reduce and prevent errors.

☑ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

- Quality Assurance reports are generated out of both the CCDF eligibility software

and the licensing software. These reports are reviewed by the Lead Agency and any errors that are identified are corrected or repayments may be generated as a result
- The results of these reports leads to possible new system developments, policies and/or procedures to reduce and prevent errors.

☑ Audit provider records.

Describe:
- Licensing staff monitors/inspects child care providers for CCDF compliance. During the inspections provider records are reviewed for CCDF compliance. If a provider is out of compliance with CCDF and does not correct the non compliance they receive a Notice of Order and are removed from being a CCDF provider.
- FSSA Audit also does on site visits and reviews providers time and attendance and payments for CCDF policy compliance.
- The results of these audits leads to possible new system developments, policies and/or procedures to reduce and prevent errors

☑ Train staff on policy and/or audits.

Describe:
- All Lead Agency staff that monitor, inspects providersor oversee contracts are trained on CCDF polices related to their program.

☐ Other

Describe:

8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

Effective Date: 10/01/2018

a) Check and describe all activities that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

☑ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

$251.00

☑ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

- 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.

☑ Recover through repayment plans.

Describe:

- 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.

☑ Reduce payments in subsequent months.

Describe:

- For CCDF providers that owes the Lead Agency money due to animproper payment due to fraud or an intentional program violation they also have the option to reduce future weekly CCDF reimbursement the Lead Agencies payment vendor until the debt is paid in full.

☑ Recover through state/territory tax intercepts.

Describe:

- 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.

☐ Recover through other means.

Describe:

☑ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

- The Lead Agency has a unit to investigate fraud for not only CCDF but other state and federal reimbursement program, this unit is FSSA Compliance.
- The Lead Agency also has a unit that collects all debts owed back to state and federal programs. This unit is FSSA Financial Management

☑ Other

Describe:

- Court ordered restitution

b) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

$251.00

☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

- 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

☐ Recover through repayment plans.

Describe:

- 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.

☐ Reduce payments in subsequent months.

Describe:

- For CCDF providers that owes the Lead Agency money due to animproper payment due to fraud or an intentional program violation they also have the option to reduce future weekly CCDF reimbursement the Lead Agencies payment vendor until the debt is paid in full.

☐ Recover through state/territory tax intercepts.

Describe:

- 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.

☐ Recover through other means.

Describe:

☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

- The Lead Agency has a unit to investigate fraud for not only CCDF but other state and federal reimbursement program, this unit is FSSA Compliance. The Lead Agency also has a unit that collects all debts owed back to state and federal programs. This unit is FSSA Financial Management

☑ Other

Describe:

- 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.

c) 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.

☑ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

$251.00

☑ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

- 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

☑ Recover through repayment plans.

Establish a unit to investigate and collect improper payments.

- 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.

☑ Reduce payments in subsequent months.

Describe:

- For CCDF providers that owes the Lead Agency money due to animproper payment due to fraud or an intentional program violation they also have the option to reduce future weekly CCDF reimbursement the Lead Agencies payment vendor until the debt is paid in full.

☑ Recover through state/territory tax intercepts.

Describe:

- 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.

☐ Recover through other means.

Describe:

☑ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

- FSSA Compliance is tasked with investigating any potential fraud or intentional program violations. FSSA Financial Management is tasked with recovering any improper payments due to unintentional program violations.

☑ Other

Describe:

- Improper payments that are identified during the Improper Payment Review process are treated as either intentional or unintentional overpayment and are subject to the same action steps as listed above under intentional/unintentional overpayments.

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

Effective Date: 10/01/2018

☑ Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe:

- 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 Intake Agent 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.
    1. 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 Intake Agent Supervisor. The Intake Agent 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 Intake Agent will document research to support any decision made. The documentation shall be scanned into the client/applicant file.
    2. STEP 2: If the client/applicant is not satisfied with the decision of the Intake Agent 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 Intake Agent 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.

3. 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

☑ Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe:

- 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:

1. 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.
2. 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.

☐ Prosecute criminally.

Describe:

☐ Other.

Describe:

Appendix A: Background Check Waiver Request Form

Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers will be considered "transitional and legislative waivers" to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)) These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in section 5 questions 5.4.1 -- 5.4.4 to confirm that the milestones are met. If milestone prerequisites are not met, the waiver request will not be approved. Approved waivers would begin October 1, 2018 through September 30, 2019. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Separate guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017

Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018

One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019

Waiver deadline one-year renewal (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Waiver approval for new (prospective) staff, existing staff or staff hired provisionally until background checks are completed, are subject to and contingent upon the OCC review and approval of responses to 5.4.9 that demonstrate that the state/territory requires: (1) the provider to submit the background check request before the staff person begins working; and (2) pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

To submit a background check waiver request, complete the form below.

Check and describe each background check provision for which the Lead Agency is requesting

a time-limited waiver extension.

☑ **Appendix A.5:** National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for new or prospective staff. (See related question at 5.4.5 (a))

Describe the provision from which the state/territory seeks relief.

The State of Indiana seeks relief that requiresNSOR checks for new or prospective staff

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

By receiving this waiver it will allow new or prospective child care staff to work in child care. If Indiana is not granted this waiver we fear we will have a reduction in the childcare workforce.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The Lead Agency is completing all required checks with the exception of NSOR for staff that live in Indiana and checking other states that a caregiver may have lived in. Due to the comprehensive nature of the checks being performed it is not believed that the safety and well-being of children will be compromised.

☑ **Appendix A.6:** National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for existing staff. (See related question at 5.4.5 (b))

Describe the provision from which the state/territory seeks relief.

The State of Indiana seeks relief that requiresNSOR checks for existing staff

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

By receiving this waiver it will allowexisting child care staff to work in child care. If Indiana is not granted this waiver we fear we will have a reduction in the childcare workforce.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The Lead Agency is completing all required checks with the exception of NSOR for staff that live in Indiana and checking other states that a caregiver may have lived in. Due to the comprehensive nature of the checks being performed it is not believed that the safety and well-being of children will be compromised.

☑ **Appendix A.7:** Interstate criminal registry or repository check for new or prospective staff. (See related question at 5.4.6 (a))

Describe the provision from which the state/territory seeks relief.

The State of Indiana seeks relief that requirescriminal registry or repository checks for new or prospective staff in the state where the staff member resides and each state where the staff member resided during the previous 5 years.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

By receiving this waiver it will allow new or prospective child care staff that have lived in states other than Indiana in the previous 5 years to work in child care. If Indiana is not granted this waiver we fear we will have a reduction in the childcare workforce.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The Lead Agency is completing all required checks with the exception ofcurrent and existing staff that live in Indiana and checking other states that a caregiver may have lived in. Due to the comprehensive nature of the checks being performed it is not believed that the safety and well-being of children will be compromised.

☑ **Appendix A.8:** Interstate criminal registry or repository check for existing staff. (See related question at 5.4.6 (b))

Describe the provision from which the state/territory seeks relief.

The State of Indiana seeks relief that requirescriminal registry checks or repository checks for existing staff in the state where the staff member resides and each state where the staff member resided during the previous 5 years.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

By receiving this waiver it will allowexisting child care staff that have lived in states other than Indiana in the previous 5 years to work in child care. If Indiana is not granted this waiver we fear we will have a reduction in the childcare workforce.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The Lead Agency is completing all required checks with the exception of checking other states that a caregiver may have lived in. Due to the comprehensive nature of the checks being performed it is not believed that the safety and well-being of children will be compromised.

☑ **Appendix A.9:** Interstate sex offender registry or repository check for new or prospective staff. (See related question at 5.4.7 (a))

Describe the provision from which the state/territory seeks relief.

The State of Indiana seeks relief that requiressex offender registry or repository checks for new or prospective staff in the state where the staff member resides and each state where the staff member resided during the previous 5 years.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

By receiving this waiver it will allow new or prospective child care staff that have lived in states other than Indiana in the previous 5 years to work in child care. If Indiana is not granted this waiver we fear we will have a reduction in the childcare workforce.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The Lead Agency is completing all required checks with the exception of checking other states that a caregiver may have lived in. Due to the comprehensive nature of the checks being performed it is not believed that the safety and well-being of children will be compromised.

☑ **Appendix A.10:** Interstate sex offender registry or repository check for existing staff. (See related question at 5.4.7 (b))

Describe the provision from which the state/territory seeks relief.

The State of Indiana seeks relief that requiressex offender registry or repository checks for existing staff in the state where the staff member resides and each state where the staff member resided during the previous 5 years.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

By receiving this waiver it will allowexisting child care staff that have lived in states other than Indiana in the previous 5 years to work in child care. If Indiana is not granted this waiver we fear we will have a reduction in the childcare workforce..

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The Lead Agency is completing all required checks with the exception of checking other states that a caregiver may have lived in. Due to the comprehensive nature of the checks being performed it is not believed that the safety and well-being of children will be compromised.

☑ **Appendix A.11:** Interstate child abuse and neglect registry check for new or prospective staff. (See related question at 5.4.8 (a))

Describe the provision from which the state/territory seeks relief.

The State of Indiana seeks relief that requireschild abuse and neglect registry or repository checks for new or prospective staff in the state where the staff member resides and each state where the staff member resided during the previous 5 years.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

By receiving this waiver it will allow new or prospective child care staff that have lived in states other than Indiana in the previous 5 years to work in child care. If Indiana is not granted this waiver we fear we will have a reduction in the childcare workforce.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The Lead Agency is completing all required checks with the exception of checking other states that a caregiver may have lived in. Due to the comprehensive nature of the checks

being performed it is not believed that the safety and well-being of children will be compromised.

☑ **Appendix A.12:** Interstate child abuse and neglect registry check for existing staff. (See related question at 5.4.8 (b))

Describe the provision from which the state/territory seeks relief.

The State of Indiana seeks relief that requireschild abuse and neglect registry checks or repository checks for existing staff in the state where the staff member resides and each state where the staff member resided during the previous 5 years.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

By receiving this waiver it will allowexisting child care staff that have lived in states other than Indiana in the previous 5 years to work in child care. If Indiana is not granted this waiver we fear we will have a reduction in the childcare workforce.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The Lead Agency is completing all required checks with the exception of checking other states that a caregiver may have lived in. Due to the comprehensive nature of the checks being performed it is not believed that the safety and well-being of children will be compromised.