# Child Care and Development Fund (CCDF) Plan
# For
# North Carolina
# 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: 08/24/2020

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: North Carolina Division of Child Development and Early Education

Street Address: 2201 Mail Service Center

City: Raleigh

State: North Carolina

ZIP Code: 27699

Web Address for Lead Agency: https://ncchildcare.ncdhhs.gov/

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Ariel

Lead Agency Official Last Name: Ford

Title: Director

Phone Number: 919-814-6301

Email Address: Ariel.ford@dhhs.nc.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.

Effective Date: 08/24/2020

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Ariel

CCDF Administrator Last Name: Ford

Title of the CCDF Administrator: Director

Phone Number: 919-814-6301

Email Address: Ariel.ford@dhhs.nc.gov

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

Street Address: Same as Lead Agency

City:

State:

ZIP Code:

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

CCDF Co-Administrator First Name: Kristi

CCDF Co-Administrator Last Name: Snuggs, Ed.D

Title of the CCDF Co-Administrator: Deputy Director

Description of the role of the Co-Administrator: The co-administrator will jointly review, contribute to writing, edit, approve and/or submit the CCDF Plan for the state.

Phone Number: 919-814-6304

Email Address: Kristi.snuggs@dhhs.nc.gov

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

Street Address: Same as Lead Agency

City:

State:

ZIP Code:

## 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.**

Effective Date: 10/01/2018

- [ ] All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- [x] 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:
   - [x] 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.

   - [x] Other.

   Describe:

   State Smart Start funds used for subsidized child care may be counted for CCDF

Match and Maintenance of Effort in cases where the family income is at or below the 85% of the State Median Income and the reason for care meets CCDF requirements. Some Smart Start partnerships may set enhanced eligibility criteria for Smart Start funds used for subsidized child care. This is determined at the local level.

2. Sliding-fee scale is set by the:

- [x] 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:

- [x] 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):

With the exception of waiting list policies, all other rules and policies are established by the State. Session Law 2011-145 adopted policies improving the quality of child care for subsidized children. Child care subsidies are paid only to three, four and five star programs.

**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
- [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

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

- [x] CCDF Lead Agency
- [ ] 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?

- [x] 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

Local agencies might issue payments when the funding source is from a local entity.

**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

DCDEE's use of CCDF is reviewed every year by the NC Department of Health and Human Services to ensure effective internal controls for overall administration of these funds. For activities funded with CCDF quality dollars, the Division of Child Development and Early Education's Center of Excellence committee reviews and evaluates proposed activities. The committee ensures that all funded proposals reflect the goals of the Division of Child Development and Early Education, comply with all CCDF regulations, have clear budgets, and have measurable outcomes. Formal contracts stipulate the services to be rendered by the contractor; outline specific budget line items; and require assurances/certifications that funding will be used for approved purposes. DCDEE follows a comprehensive annual monitoring plan to assess contractor compliance with all fiscal and programmatic requirements. Contractors submit monthly financial status reports, and these reports are reviewed by DCDEE contract administrators before reimbursement to review activities and approve expenditures.

An annual desk audit is performed by the contract administrator. An internal control questionnaire is completed by the contractor to report staffing patterns, programmatic supervision, service delivery and management control systems. Once the desk audit and internal control questionnaire are completed and reviewed, DCDEE schedules on-site monitoring visits to financial assistance contracts and any other contracts selected by the DCDEE's monitoring team. The on-site monitoring team conducts programmatic and fiscal reviews per federal guidelines. The results of the monitoring visit is presented in a written report, which is sent to the contractor to resolve and correct any non-compliance issues.

Corrective actions are documented and tracked until completion. For child care subsidy, DCDEE staff conduct on-going monitoring visits to each local purchasing agency administering the subsidized child care program. Monitoring is completed on a three-year cycle. A monitoring checklist is used to review case records and documentation. A written monitoring report is provided to the local purchasing agency. A score of 95% is in compliance. When errors are found in monitoring, they are corrected from the point of discovery to the point of origin.
DHHS is contracting with each local department of social services in the next year with outcomes for child welfare services as well as child care subsidy.

**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.**

DCDEE has not been contacted to share application code or software for child care information systems. When contacted by another state, DCDEE will work with the requesting state to coordinate requirements for code/software delivery.

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.**

DHHS considers it a security violation to share confidential data/information absent an executed agreement that is itself in line with the security requirements of the involved data. This policy is referenced in the DIT Statewide Information Security Policies" page https://it.nc.gov/statewide-information-security-policies which has a link under Related Content to the "Statewide Data Classification and Handling Policy" which states clearly: "State agencies that share data or systems must have written agreements that address the business, security and technical requirements regarding the use and custodial responsibilities of the data and systems. These agreements can take the form of 1) a Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU), Data Use Agreement (DUA), or equivalent contractual agreement, and an Interconnection Security Agreement (ISA) or 2) a combined agreement. If the sharing of data or systems is between two state agencies as part of a service, and not otherwise governed by legal requirements, the agencies may choose to use a Service Level Agreement (SLA) that clearly defines the responsibilities, services, priorities and performance metrics of the services to be provided."

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.

DCDEE staff meet with the Director of the Division of Social Services and Local Purchasing agencies during monthly 100 County DSS Call meetings. CCDF Plan information was presented during these meetings. Local purchasing agency staff from across the state attended focus groups convened by DCDEE. The four focus groups provided information and gathered input regarding the 2019-21 CCDF Plan.

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

The NC Early Childhood Advisory Council (ECAC) was re-constituted in February 2018; however, its first meeting was not until May 2018. DCDEE looks forward to future coordination and consultation with the ECAC. For the 2019-21 CCDF Plan the Division consulted with the NC Child Care Commission another coordinating body in the state made up of parents, providers, pediatrician, childhood education specialists and general citizens. DCDEE presented updates about the CCDF Plan at NC Child Care Commission meetings. The Child Care Commission was given an opportunity to respond to an online survey about the CCDF Plan, participate in statewide focus group meetings and submit comment through email.

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.

DCDEE consulted with the Eastern Band of the Cherokee Indian (EBCI) CCDF Administrator and the EBCI Grants/Contract Manager regarding the Plan through calls and emails. EBCI submitted comments about subsidy policy for DCDEE consideration. The EBCI CCDF Administrator attended one of the focus group meetings held in western North Carolina and has jointly with DCDEE participated in a webinar related to tribal consultation. EBCI was sent the draft CCDF Plan and given an opportunity for input.

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

The State CCDF Plan was sent to multiple agencies and early childhood partners for review in the public hearing process. Many of these organizations participated in one of the four focus groups held across the state. Opportunity was also given to complete focus group questions online. Office of Early Learning in the Department of Public Instruction; Director of the Office of Early Intervention(Part C) in the Division of Public Health; Office of Early Learning (Part B) in the Department of Public Instruction; Birth-Kindergarten Higher Education Consortium (University Faculty); ACCESS (Community College Early Childhood Faculty); Head Start State Collaboration Office; North Carolina Partnership for Children; Homeless Education Program; Project SERVE; NC Child Care Resource and Referral Council and CCR&R System; NC Association for the Education of Young Children; NC Licensed Child Care Association; NC Early Education Coalition; NC Institute for Child Development Professionals.

**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. 05/16/2018

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). 04/25/2018

*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.

The public hearing notification was posted on the DCDEE website under What's New. Public Hearing: CCDF Plan. https://ncchildcare.ncdhhs.gov/Whats-New In addition, information about the public hearing was emailed to child care providers and DCDEE partners such as CCR&R, Smart Start, and local purchasing agencies. Approximately 75% of providers have email addresses registered with DCDEE.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. DCDEE held focus groups across the state that provided information about the public hearing and how to submit comments. The focus groups were held in Raleigh (Central), Greenville (East), Asheville (West), and Charlotte (Mecklenburg - Largest populated county). The public hearing was held in Raleigh which is centrally located in the state.

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 draft CCDF Plan was posted to the DCDEE website May 7. Updates to the Plan were posted as changes occurred.

f) How was the information provided by the public taken into consideration regarding the

provision of child care services under this Plan? Feedback from statewide focus groups was considered in drafting the Plan and will also be considered in reviewing contracted activities, including proposed additional areas of funding with CCDF. In addition, all comments during the public hearing will be compiled and reviewed by DCDEE and incorporated to the extent possible before the Plan is finalized.

**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)**

Effective Date: 10/01/2018

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.

https://ncchildcare.ncdhhs.gov/Services/Child-Care-Development-Fund-CCDF

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 CCDF Plan was sent to the NC Child Care Commission for review and input.

☑ Working with child care resource and referral agencies.

Describe:

The CCDF Plan was sent to the Child Care Resource and Referral Council management for review and input.

☐ Providing translation in other languages.

Describe:

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

Describe:

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

Describe:

An email blast was sent to DCDEE providers and stakeholders with a link to the Plan.

☐ 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.

Effective Date: 10/01/2018

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

Describe the coordination goals and process:

**Coordination Goals: Service provision includes:**

**1. Providing families with information about available child care resources and the five star licensing system. Refer to the DCDEE website for more information (https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCRRNC_ChildCareinNC_FINAL_web.pdf?ver=2018-08-23-125352-147).**

**2. Helping families understand their child care needs and options.**

**3. Determining the eligibility of the family.**

**4. Promoting the selection of child care services based on parental choice.**

**5. Maintaining contact with the parent and the child care provider to ensure that the family is receiving the appropriate service(s) and to remain aware of family issues that may need to be addressed.**

**6. Issuing vouchers to eligible parents.**

**7. Enrolling providers in the subsidy program.**

**8. Making visits to child care providers receiving subsidy funds.**

**9. Investigate all instances of fraud.**

**Administrative Accountability - The local DSS receives and manages funds allocated for the delivery of subsidized child care services unless the DSS chooses to contract with another local agency or organization to administer the SCC Program.**

**Local responsibilities include:**

**1. Maintaining and providing records for review upon request by local, state or federal agencies at the time of a monitoring visit or whenever requested until all audits are complete.**

**2. Maintaining records for at least three (3) state fiscal years (SFY) or until all**

**state and federal audits are completed.**

**3. Reporting all instances of fraud to DCDEE.**

**4. Notifying DCDEE Program Compliance Consultant of any local investigations initiated for suspected fraud or misuse of funds.**

**5. Entering corrections into SCCRS or NCFAST for all improper payments.**

**6. Consumer education and referral**

**Coordination Process: Families apply for subsidized child care services at the local purchasing agency (LPA). State statute designates the county department of social services (DSS) as the local purchasing agency to administer the Subsidized Child Care Program (SCC). DSS may choose to delegate this responsibility to another agency through contractual agreement. The agency that administers the SCC Program at the county level is referred to as the (LPA). If the county DSS administers the subsidy program, the agency is referred to as the LPA. If the county DSS contracts with private nonprofit/for profit agencies, such as the local child care resource and referral agency, then that agency is the LPA. In such cases, the contracting agency assumes the same responsibilities that the DSS has in administering the SCC Program.**

☑ (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:

**NC's Early Childhood Advisory Council was re-constituted in February 2018. It's initial meeting was in May 2018. Goals for this governor appointed council are: 1) Creating and guiding a bold early childhood action plan that aligns with other efforts to advance the state's early childhood system. 2) Building awareness of the importance of high-quality early childhood experiences to future education and career success to ensure young children in North Carolina are learning and thriving. 3) Recommending and advocating for policies and funding that improve equitable access to high-quality early childhood services and better outcomes for young children and families. Input from the ECAC will be requested through the Division Director who is also on the Council.**

☑ 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 CCDF Administrator of the Eastern Band of the Cherokee Indians was invited to and attended the Asheville CCDF Plan Focus Group meeting. Input was received following the focus group meeting regarding the CCDF Plan. One of the goals of coordination is to increase access to subsidy services for EBCI and consider ways to reduce the turnover of staff. ECBI and DCDEE jointly participated on a webinar discussing tribal coordination in April 2018. The 2019-21 CCDF Plan was sent for ECBI review and input.**

☐ 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 Department of Health and Human Services Early Childhood Action Team holds meetings to consider strategies to expand supports for children to be successful. An identified impact is related to children being developmentally on track for kindergarten as well as increasing 3rd grade reading proficiency. Indicators and strategies are being determined and will include supporting children with disabilities in early education programs. Staff from Part C and Section 619 are a part of the team.
The Early Intervention Branch (the Branch) in the NC Division of Public Health, Women's and Children's Health Section is implementing a State Systemic Improvement Plan (SSIP). The Early Intervention and 16 Children's Development Service Agencies (CDSAs) located across the state make up the North Carolina Infant-Toddler Program/N.C.ITP). The SSIP is a federally-funded initiative from the U.S. Office of Special Education Programs designed to improve social-emotional outcomes for children enrolled in the ITP through the implementation of evidence-informed/based practices. Three strategies have been identified for implementation: Social Emotional Foundations for Early Learning (SEFEL): the SEFEL pyramid framework promotes healthy social-emotional development to help staff and family caregivers build positive relationships with their children and teach children to self-

regulate.

Natural Learning Environment Practices (NLEP) & Coaching: CDSA staff coach parents and when applicable early childhood educators working with children in the N.C. ITP to promote their capacity to help children reach their developmental goals.

Global Outcomes Integration Process: Strengthens supports for family engagement to help children make progress in three global outcome areas aimed at developing positive social and emotional skills and behaviors, including building relationships, in learning and using new skills and behaviors to effectively participate in daily activities, and in taking actions to become more independent as they grow and develop. In this process, the Branch will include professional development for child care providers.

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

Describe the coordination goals and process:

**DCDEE collaborates with the NC Head Start State Collaboration Office regarding licensing of programs, Head Start participating in NC Pre-K, and the Early Head Start-Child Care Partnership grant. The goals of the collaboration are to promote collaborative Early Head Start - child care partnerships; provide high quality infant toddler trainings and early learning environments; provide quality improvement supports; provide improved family and child well-being and increase progress towards school-readiness. In 2018-19 DCDEE is collaborating with Head Start on strategies related to strengthening resilience for both children and the early education workforce.**

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

Describe the coordination goals and process:

DCDEE collaborates with the NC Division of Public Health to get input on health issues related to children in child care settings. DCDEE staff participate in health-related task forces and advisory councils with staff from the NC Department of Public Health. Annually DCDEE is in communication with the NC Immunization Branch of the Division of Public Health due to NC immunization law which requires child care programs to report the immunization status of enrolled children. DCDEE coordinates with the Immunization Branch to share consistent information about the reports to providers. DCDEE also considers ways to promote the completion of the report.

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

Describe the coordination goals and process:

The Department of Commerce is part of a team that is focused on strategies to support the early education workforce through an National Governor's Association grant. Coordination goals include:

1) Expand knowledge among stakeholders of the current status of the NC workforce in education, compensation and well-being. 2) Expand NC's existing work on compensation by bringing additional resources, additional stakeholders and additional information to the policy conversation. 3) Identify potential funding sources and strategies for improving compensation and develop action steps that further strengthen the existing action plan.

Technical assistance will focus on identifying opportunities and strategies for improving the compensation and well-being of the early education workforce and to support policy conversations among stakeholders about workforce compensation.

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

Describe the coordination goals and process:

The NC Pre-K Program is administered by the NC Department of Health and Human Services under the Division of Child Development and Early Education, Early Education Branch. The NC Pre-K Program is designed to provide high-quality educational experiences to enhance school readiness for eligible four-year-old children. NC Pre-K programs must meet the NC Child Care Rules, including specific rules for administrators and teachers, the NC Pre-K Program Requirements and other state-level policy. The NC Pre-K Program is administered at the county or regional level by Local Education Agencies, Smart Start Agencies, or Community Action Agencies and operated in 4- and 5-star-rated classrooms in public schools, child care centers and Head Start programs. Lead Teachers in these classrooms must hold or be working toward a North Carolina Birth-through-Kindergarten or Preschool Add-on Standard Professional II license.This licensure is obtained in coordination with the Early Educator Support, Licensure and Professional Development unit within the DCDEE as well as the Department of Public Instruction. DCDEE and DPI are also working collaboratively on creating a standardized transition plan for children from early education programs into Kindergarten.

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

Describe the coordination goals and process:

The Division of Child Development and Early Education, Regulatory Services Section is responsible for child care licensing. Goals for this section include: Assuring a safe and healthy child care environment in licensed Child Care Centers and Homes Promoting the overall availability of child care Increasing the availability of child care that meets higher than minimum licensing standards Increasing the amount of information provided to the public regarding child care arrangements and children's needs Monitoring child care arrangements for compliance with requirements Investigating complaints about child care arrangements, including reports of child maltreatment, and taking appropriate action Investigating reports of illegal operations Issuing licenses and other operating permits to child care arrangements Issuing criminal background checks for child care staff Providing technical assistance and training to child care providers, potential providers and local agencies Providing consumer education and increasing parent outreach efforts by making information about North Carolina child care providers available on the Internet through the Division's Facility Search Site.

☑ (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:

Pursuant to NC Child Care Rules, licensed programs must meet the Meal Patterns for Children in Child Care from the United States Department of Agriculture (USDA). DCDEE sought coordination with the Child and Adult Care Food program within the Division of Public Health in 2017-18 to ensure consistency in monitoring programs on the new Meal Patterns. The primary goal of the coordination was to ask the CACFP to provide training for DCDEE monitoring staff and providers. These trainings can now be accessed on the Special Nutrition Programs website.
http://www.nutritionnc.com/snp/training.htm

☑ (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:

DCDEE participates in the NC Yay Babies Initiative to increase early intervention and early education services delivered to children birth to 5 years experiencing homelessness. The initiative is following recommendations from "Policy Statement on Meeting the Needs of Families with Young Children Experiencing and At Risk of Homelessness" by the U.S. Department of Health and Human Services; U.S. Department of Housing and Urban Development and U.S. Department of Education. These recommendations include: 1)Support a two-generation approach by developing and strengthening partnerships across early childhood and housing programs and systems 2)Enhance early childhood program and system integration with the Continuum of Care (CoC)'s coordinated entry process 3) Improve, leverage, and integrate early childhood homelessness data. This workgroup meets quarterly with sub-committees representing each of the areas following recommended strategies and activities given in the report as recommended and appropriate. DCDEE also coordinates with Salvation Army and CCR&R through contracts to conduct outreach events at homeless shelters, transitional living programs, hotels, and/or other venues accessible to the target population across the state that include the following components: Coordinate with local Department of Social Services offices to determine early care and education program eligibility for children on site at the events. Provide early care and education consumer education materials for parents through the NC CCR&R System. Provide age appropriate books, educational items, bus passes, clothing, shoes, and/or other necessities to families experiencing homelessness as incentives for participation. Administer surveys to parents to assess the impact of the event. Another goal of the coordination is to provide technical assistance and training to homeless family service providers and to early childhood technical assistance staff.

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

Describe the coordination goals and process:

The CCDF Plan was sent for review to the Director of the NC Division of Social Services. The Director of Social Services coordinates services with DCDEE and was advised of the updates and changes to the preprint, as well as advised of the many opportunities for further input via email, mail, fax and the Public Hearing. The Department of Health and Human Services Early Childhood Action Team holds meetings to consider strategies to expand supports for children to be successful. An

identified impact is related to children being developmentally on track for kindergarten as well as increasing 3rd grade reading proficiency. Indicators and strategies are being determined and will include supporting TANF. DSS is a member of this team.

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

Describe the coordination goals and process:

The CCDF Plan was sent for review to the Director of the NC Division of Medical Assistance (DMA). Further input into the development of the CCDF Plan was made available via email, mail, fax and the Public Hearing. The Department of Health and Human Services Early Childhood Action Team holds meetings to consider strategies to expand supports for children to be successful. An identified impact is related to children being developmentally on track for kindergarten as well as increasing 3rd grade reading proficiency. Indicators and strategies are being determined and will include supporting children's health. Staff from DMA are part of the team.

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

Describe the coordination goals and process:

The CCDF Plan was sent for review to the Director of the NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. Further input regarding the development of the CCDF Plan was available via email, mail, fax, statewide focus group meetings and the Public Hearing. The Department of Health and Human Services Early Childhood Action Team holds meetings to consider strategies to expand supports for children to be successful. An identified impact is related to children being developmentally on track for kindergarten as well as increasing 3rd grade reading proficiency. Indicators and strategies are being determined and will include mental health supports for children and the workforce. Staff from the Division of Mental Health are part of the team.

☑ (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:

NC Child Care Resource and Referral Council (NC CCR&R Council) partners with DCDEE and the fourteen NC CCR&R regions to support a strong child care resource

and referral statewide system by: 1) providing high quality CCR&R services across the state, and 2) ensuring that families, child care providers and communities have access to high quality CCR&R services. The Division coordinates with CCR&R by participating in council management meetings which are opportunities for both entities to share information to inform CCR&R projects or DCDEE contracts. The Division may share new Child Care Rules, potential areas of quality improvement, or a DHHS goal needing CCR&R services support. NC CCR&R Council may be discussing standardized training, a new consumer

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

Describe the coordination goals and process:

The NC CCR&R Council provides technical assistance to child care programs for all ages of children in care, including school-age. The DCDEE works closely with the NC CCR&R Council to identify needed supports through its council services contract in order to capitalize on gains in the preschool years. Goals of coordination are to promote high quality afterschool programs which can sustain and increase children's grade level learning as well as promote development in all domains and well-being.

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

Describe the coordination goals and process:

The Division of Child Development and Early Education (DCDEE) serves as a member of the Department of Health and Human Services State Emergency Response Team (SERT) which is a member of the North Carolina SERT. The disaster mission of DCDEE to the state is to support the Child Care community with continued assistance or temporary emergency solutions due to disaster related events.
In the event of an emergency, the role of DCDEE is to support child care providers and to assist in the provision of safe and healthy child care alternatives for families during and after disasters or emergencies. DCDEE's Disaster Plan provides specific actions that the Division may take in emergency situations. This includes provisions for: the coordination and communication in the event of a disaster or emergency, coordination in the relocation of children in affected child care settings, the assessment of the ability of DCDEE/partner agencies to function, the assessment of providers' needs, and provision for the establishment of temporary child care.
DCDEE has developed this plan to support providers and give families safe and

healthy alternatives for the care of their children during and after disasters.These aim to tie into "common functions" outlined in the latest State of North Carolina Emergency Operations Plan (2017) such as "mass care." This plan provides information to instruct staff regarding emergency preparedness, disaster response, and disaster recovery. DCDEE will collaborate with other agencies on disaster response activities through the State Emergency Response Team (SERT). Led by the Division of Emergency Management, the SERT is the coordinating team through which government, military, and nonprofit partners work during and in the recovery phase of a disaster. DCDEE staff members are assigned to the SERT and are on standby to report to the state Emergency Operations Center (EOC) for up to 24-hour coverage if a disaster occurs that requires support for child care providers or children in child care. At the Emergency Operations Center, DCDEE SERT members will work alongside other agency SERT members to identify needs and solve problems. As DCDEE SERT members consider disaster response actions, they will interface with the overall Disaster Coordinator for the Department of Health and Human Services (DHHS) and Division of Emergency Management Human Services Coordinator. DCDEE participates with other SERT partners on regular basis that includes meetings, trainings, and exercise scenarios to test response measures.

*The following are examples of optional partners a state might coordinate with to provide services. Check all that apply.*

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

Describe

DCDEE collaborates with the NC Head Start State Collaboration Office regarding licensing of programs, Head Start participating in NC Pre-K, and the Early Head Start-Child Care Partnership grant. The goals of the collaboration are to promote collaborative Early Head Start - child care partnerships; provide high quality infant toddler trainings and early learning environments; provide quality improvement supports; provide improved family and child well-being and increase progress towards school-readiness. In 2018-19 DCDEE is collaborating with Head Start on strategies related to strengthening resilience for both children and the early education workforce.

☑ State/territory institutions for higher education, including community colleges

Describe

DCDEE attends regular meetings of both the B-K Consortium and NCACCESS (Community College) and strategizes with leadership about ways to remove barriers for the workforce to complete formal education. A recent bill was enacted which required a statewide articulation agreement for early childhood between the community college system and the public university system. This represents removing a significant barrier for the workforce to advance in their educational pathway.

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

Describe

The CCDF Plan was sent for review to the President of the North Carolina Partnership for Children. Staff from the North Carolina Partnership for Children provided written feedback on specific sections within the CCDF Plan. The CCDF Plan was sent via email for review and feedback from the NC Association of Directors of Developmental Day Centers (NC ADD). Further input into the development of the CCDF Plan was made available via email, mail, fax, and the Public Hearing. DCDEE meets on a regular basis with these entities to determine goals and strategies.

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

Describe

The CCDF Plan was sent for review to the Director of the NC Division of Public Health. Further input regarding the development of the CCDF Plan was available via email, mail, fax, and the Public Hearing. The Department of Health and Human Services Early Childhood Action Team holds meetings to consider strategies to expand supports for children to be successful. An identified impact is related to children being developmentally on track for kindergarten as well as increasing 3rd grade reading proficiency. Indicators and strategies are being determined and staff from DPH are part of the team.

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

Describe

The CCDF Plan was sent for review to the Director of the NC Division of Medical Assistance. Further input into the development of the CCDF Plan was made available via email, mail, fax, and the Public Hearing. The Department of Health and Human Services Early Childhood Action Team holds meetings to consider strategies to expand supports for children to be successful. An identified impact is related to children being developmentally on track for kindergarten as well as increasing 3rd grade reading proficiency. Indicators and strategies are being determined and staff from DPH are part of the team.

☑ State/territory agency responsible for child welfare.

Describe

The CCDF Plan was sent for review to the Director of the NC Division of Social Services. The Director of Social Services was advised of the updates and changes to the preprint, as well as advised of the many opportunities for further input via email, mail, fax and public hearing. The Department of Health and Human Services Early Childhood Action Team holds meetings to consider strategies to expand supports for children to be successful. An identified impact is related to children being developmentally on track for kindergarten as well as increasing 3rd grade reading proficiency. Indicators and strategies are being determined and staff from DSS are part of the team.

☐ State/territory liaison for military child care programs.

Describe

☑ Provider groups or associations.

Describe

DCDEE maintains ongoing communication and regular meetings with local and state child care provider associations.

☐ Parent groups or organizations.

Describe

☐ Other.

Describe

## 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"

DCDEE blends state and federal funds for subsidized child care at the state level and allocates the blended funds for services to local purchasing agencies. This results in a seamless process for families applying for services and for local purchasing agencies who administer the program. In other programs or activities, CCDF is used to supplement or support activities within the early care and education system.

b) Which funds you will combine

DCDEE combines state, TANF, and CCDF funds for subsidized child care and quality supports at the State level for seamless service delivery at the local level for families.

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 goal for combining funds is to increase access to services, extend the services available, and increase capacity for quality services through combined support for early childhood educators and early care and education programs. DCDEE uses CCDF to support child care health consultation also funded by Smart Start and other state funds. DCDEE uses CCDF to fund mentoring and evaluation of teachers in classrooms serving children birth through age four. DCDEE combines NC Pre-K funding with CCDF for Rated License Assessments. CCDF is used to provide wrap around care for children in both Head Start and NC Pre-K programs. DCDEE uses CCDF to fund CCR&R services and works with Smart Start funded CCR&R services to leverage more services. DCDEE uses CCDF to provide administrative funds for salary supplements from the Child Care WAGE$® Project that are funded through Smart Start partnerships.

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 State level.

e) How are the funds tracked and method of oversight

Funding that is blended for subsidized child care services at the state level is allocated to local purchasing agencies as an annual allocation. Local purchasing agencies track monthly expenditures and their year-to-date rate of spending in order not to exceed their allocations. DCDEE tracks funds that are blended for subsidized child care services with accounting codes specific to the type of fund and matching the codes to payments at the state level. DCDEE tracks subsidized child care expenditures each month at the state and county level to ensure the rate of spending remains within the annual amount of funds budgeted. DCDEE monitors the need to reallocate funds between local purchasing agencies to maintain service levels across the state. For funds that are blended for contracted activities, DCDEE requires a separate budget within the contract for expenses that will be charged to CCDF. Contract expenditures are accounted for through monthly Financial Status Reports submitted by the contractor to DCDEE. DCDEE monitors contractors for adherence to contract terms and measures. Corrective actions are documented and tracked until completion.

**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
- ☑ 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:

  State Appropriations

  -- If known, identify the estimated amount of public funds that the Lead Agency will receive: $ 68 Million
- ☐ 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):

-- 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:

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

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

☐ 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)).**

North Carolina has a long history of local, regional and state collaborative planning and service delivery initiatives across the early childhood/child care system. For example, the Smart Start initiative, implemented in 1993, has an established local infrastructure of 75 local nonprofit partnerships and their boards that support community-based early education and literacy programs, early identification and intervention services, provide child care subsidies to expand services to needy families, conduct family engagement and support, and coordinate with health care service providers. In some communities, CCR&R, Smart Start and other community agencies partner to support access to information and services for families. This includes information and access to child care subsidies; eligibility determination services for multiple early learning programs (Early Head Start, Early Intervention, Exceptional Children, Head Start, Pre-K, Title I Preschool, Child Care Subsidy, other scholarship programs); quality early education literacy programs; access to parenting and job supports; child emotional-social-behavioral health interventions; dental and other comprehensive health screenings and services; medical home (e.g., pediatrician or other primary care giver); nutrition (e.g. WIC services); and health insurance (e.g. Medicaid, Health Choice).

Additionally, NC's Child Care Resource and Referral system is regionally organized around 14 hubs, providing clusters of counties access to early childhood and school-age resources and support services (e.g., Healthy Social Behavior; Infant Toddler Quality Enhancement;; quality initiatives; family resources about quality child care). NC's Pre-K Program-at the local and state levels-requires diverse committee membership comprised of parents, teachers, principals, site administrators, Head Start, Exceptional Children, private providers, health representatives. These services are informed by a diverse committee structure.

The NC Pre-K local and state advisory committee's infrastructure includes membership from various community agencies, teachers, principals, professionals, exceptional children and Head Start partners, and parents, and is co-chaired by the public schools and Smart Start. NC Pre-K is offered in both public and private sites which leverage additional dollars and supports. Additionally, the state's Pre-K program partners with 130 early childhood education/child care staff across private and public programs to mentor Birth-Kindergarten (BK) licensed teachers, leveraging mandating services to meet BK licensure requirements for up to 350 early educators and sustaining local support efforts. This model is being replicated across the state.

Lastly, DCDEE is an active and engaged partner on state boards, committees and councils providing information to state partners about early education services, child and family needs and available services. By serving across state programs and agencies, partners are able to work collaboratively, seeking solutions based on best practices, with the goal of maximizing service delivery across auspices and building local capacity to sustain services.

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: 10/01/2018

☐ 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 purpose of the NC Child Care Resource and Referral (CCR&R) Council Management Project is to provide leadership to and contract management of the regionalized delivery of Core CCR&R services and the two-statewide special initiatives: Infant Toddler Quality Enhancement and Promoting Healthy Social Behaviors in Child Care Centers.

Current project activities include contracting with and monitoring of Regional Lead CCR&R Agencies for special initiatives and Core services, providing reimbursement upon receipt of financial status reports, providing both programmatic and fiscal technical assistance as needed by CCR&Rs, and relaying to CCR&R agencies information from the NC Division of Child Development and Early Education (NCDCDEE) and other system partners as requested and feasible. Core services include the regional delivery of: 1) consumer education and referrals for families; 2) professional development and training for child care providers; 3) on-site technical assistance to child care programs and family child care homes; 4) service delivery-related data collection, evaluation and analysis; and 5) public awareness of CCR&R, supply and demand of child care availability of services, and child-care related issues. Responsibilities also include providing leadership in the identification of system strengths and weaknesses and engaging in overall planning; developing supports to improve statewide CCR&R service delivery; providing counsel as requested by NCDCDEE on emerging system issues; convening workgroups as needed to support CCR&R Core service delivery; being responsive to data and service requests from NCDCDEE; and representing the NC CCR&R Council and CCR&R system on various statewide committees.

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

Management is provided through a collaboration of three state-leading CCR&R

agencies: Child Care Resources Inc., Child Care Services Association, and Southwestern Child Development Commission. These three-member agencies have served as the NC CCR&R Council since 2003-2004, when the NC CCR&R Council was formed by the Division of Child Development (now NCDCDEE) to provide technical assistance and support to local CCR&R agencies across the state. In addition to the collaborative work and accomplishments of these agencies through the NC CCR&R Council, each of the agencies has a long history of providing strong local child care resource and referral services and managing multiple funding streams, and representing a diversity of service delivery and system perspectives through their locations in urban, rural and suburban regions of the state. Responsibilities for regional management and support are distributed among the three agencies, while leadership, decision-making and overall systems development are shared amongst the agencies' executives and designated staff. All 14 CCR&R agencies provide needs-based technical assistance and professional development for all children in care.

NC CCR&R Council manages statewide special initiatives, including the following:

The Infant Toddler Enhancement Project: The Infant Toddler Enhancement Project works to improve the quality and availability of infant/toddler care in North Carolina through providing services statewide including technical assistance for child care programs and other community consultants and training specific to infant and toddler care best practices. The Project team consists of regional specialists, an education specialist, and the project manager, ensuring that all 14 regions have access to the Infant Toddler Enhancement Project's services.

Promoting Healthy Social Behaviors in Child Care Settings: The Healthy Social Behaviors Project utilizes the Teaching Pyramid Model framework to offer training and technical assistance services to providers in licensed child care centers designed to address and prevent challenging behaviors of children birth to five. HSB specialists work with teachers and directors to modify practices and environments and increase knowledge with a goal of reducing the expulsion rate and promoting social-emotional development for all children in these classrooms. In addition to facilitating professional development for providers on topics of social-emotional development and the Teaching Pyramid Model framework, the Project provides training on the NC Suspension/Expulsion Policy specifically for owners and administrators, and also,

provides an intensive professional development institute for ECE professionals. The Project team consists of 21 regional specialists, an education specialist, 3 expulsion prevention specialists, a project assistant and the project manager, ensuring that all 100 counties have access to the Project's services.

The School-Age Quality Improvement Project works to improve the quality of school-age care by collaborating with the state to provide access to trainer trainings on school-age care topics, including, but not limited to Basic School-Age Care training required by the NC Child Care Rules; creation of school-age CEU modules and online and/or face to face training events on school-age topics.

## 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:**

The current statewide DCDEE Child Care Disaster Plan was developed in coordination with Department of Health and Human Services (DHHS) State Emergency Response Team (SERT) which is a member of the North Carolina State Emergency Response Team. The Department of Public Health is a part of the NC State Emergency Response Team. Led by

the NC Division of Emergency Management, the SERT is the coordinating team through which government, military, and nonprofit partners work during and in the recovery phase of a disaster. In the past, DCDEE has coordinated with CCR&R in emergency situations by asking for help with assessment of programs, helping to locate alternative child care and relaying information from Child Care Aware about impacts on child care programs in the state. An updated version of the DCDEE Disaster Plan will be posted on the Division's website by October 1, 2018. It will include input from the local and statewide Child Care Resource and Referral Agencies as well as the NC Early Childhood Advisory Council.

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:**

In Appendix 6, page 22 of DCDEE's Disaster Plan, the process is described related to continuing the reimbursement for subsidized child care. This section includes those external partners who will help with these functions if needed in response to a disaster, as well as the steps needed to re-establish function - Emergency Child Care procedures/special response. Steps to continue child care services are also provided on page 18-20, 52 of DCDEE's Disaster Plan. The plan provides for case by case flexibility to allow programs meeting basic health and safety standards to re-open or expand capacity. DCDEE works with partners to ensure that healthy and safe child care arrangements are accessible to meet the needs of children and parents. P. 52 lists the temporary allowable requirements. Information is also provided regarding the continuation of abuse/neglect investigations involving child care. DCDEE will continue to investigate reports of alleged abuse/neglect in child care centers and homes in times of disaster.

**Request for Supplemental Disaster Funds Phase I**

DCDEE requests the maximum amount available of Supplemental Disaster Funds by the Office of Child Care anytime the Governor declares a state of disaster for North Carolina counties. Each time a disaster is declared the DCDEE takes one or more of the following

actions to ensure continuation of child care subsidy services:

1) Pays parent fees in affected counties during the disaster and post disaster for a designated number of months
2) Extends the 90 day transition period
3) Extends child care subsidies in affected counties for additional months post disaster to allow families additional time to recertify
4) Providers in affected counties are allowed to count children present each day of the month the hurricanes hit. If a child attended at least one day at his/her child care facility during the month that the hurricane hit, the child care provider can mark that child as present for the days the child attended. This applies to the entire month and is paid even if the center is closed due to damage.
5) DCDEE can also implement procedures to process new applications for families needing assistance due to emergency or disaster (DCDEE Disaster Plan pages 11,12)

In recent years, North Carolina has been hit by devastating hurricanes, including Hurricane Matthew which impacted half the state in 2016. The one that is applicable for Phase I of the Supplemental Disaster Funds is Hurricane Florence. This hurricane involved disaster declarations that occurred on or before June 12, 2019. DCDEE requests the maximum amount available of disaster funds for direct services provided to eligible families during Hurricane Florence in 2018.

September 7, 2018 Governor Cooper wrote a Declaration of Emergency for North Carolina (Executive Order No. 51) due to imminent threat from Tropical Storm Florence which later was upgraded to Hurricane status. On September 10, 2018 Governor Cooper requested President Trump to declare an emergency for the state of North Carolina as a result of the forecasted approach of Hurricane Florence. The high winds, storm surge and record rain fall caused major flooding in the eastern part of the state. Debris and high water closed roads across the state. Property damage and power outages were widespread and tens of thousands of families had to take refuge in emergency shelters. In October 2018 the DCDEE waived parent fees for service months October 2018 through January 2019 for disaster designated counties (31 total) impacted by Hurricane Florence. In November 2018 the DCDEE waived parent fees for service months November 2018 through January 2019 for an additional 3 disaster designated counties added after October 2018. A 120 day transition period was legislatively mandated for Hurricane Florence in 2018 which required the DCDEE

to continue child care subsidy payments for families an additional 30 days. DCDEE also extended re-certifications due for September 30 through October 31 until November 30. Child Care Subsidy payments for 34 counties were continued during this timeframe. Further, due to flooding in September 2018 providers in affected counties were given full payment for the month of September for a child, if a child attended at least one day during the month of September prior to Hurricane Florence's landfall.

Below is a list of the estimated expenditures.

- Parent Fees $2,267,167
- 10% of Centers across disaster declared counties closed on the 11th and DCDEE paid them through the end of the month. $1,312,335.24
- Additional 30 days for 120 day legislatively mandated transition $1,464,138.33

**Total: $5,043,640.39**

**DCDEE takes efforts during disaster events to ease families' and child care programs' financial burdens. The Supplemental Disaster Funds would be used in part by DCDEE to recoup the additional funding expended for direct child care services during the disaster event. Currently DCDEE has had to freeze subsidy spending as a result of the additional expenses of the disaster. This has negatively impacted the number of children we are currently able to serve with our subsidy.**

**<u>Request for Supplemental Disaster Funds</u> Phase II**

**The North Carolina Division of Child Development and Early Education (DCDEE) requests to receive Supplemental Disaster Funds (Phase Two) allowed by the Office of Child Care. This**

**request is submitted pursuant to North Carolina Governor Roy Cooper's Executive Order No.101, which declared a state of emergency beginning August 31, 2019, in anticipation of the**

**significant impacts of Hurricane Dorian, and also in response to the federal major disaster declaration FEMA-4465-DR-NC issued October 4, 2019. Public Assistance was granted to 28 NC counties as a result of the impacts of Hurricane Dorian. Small Business Administration loans were provided in several counties in North Carolina. The counties which received public assistance included: Beaufort, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Duplin, Greene, Hoke, Hyde, Jones, Lenoir, New Hanover, Onslow, Pamlico, Pasquotank, Pender,**

**Perquimans, Pitt, Robeson, Sampson, Tyrrell, Washington, and Wayne.**

**Hurricane Dorian made landfall in North Carolina September 5-6, 2019. The hurricane caused tornadoes and flooding leaving behind collapsed buildings and damaged homes, businesses**
**and infrastructure, and limited employees' ability to work. Vulnerable areas that had sustained significant damage and destruction from Hurricane Florence, one year earlier, were hit again.**
**In addition to any damage to child care programs incurred from Hurricane Dorian, a large impact was felt by surrounding areas where parents of children receiving care work or live.**
**Through Executive Order No. 104, the Governor of North Carolina ordered the mandatory evacuation of all North Carolina barrier islands. Additionally, DCDEE permitted 2 providers to record all children present for the service month of September 2019. This increased the monthly payment for Hyde County. By allowing the child care providers in Hyde County to record all children as present for September 2019, DCDEE supported the local child care operations and stabilized child care subsidy monthly payments to child care providers in the devastated area of Ocracoke.**

**North Carolina is requesting the maximum amount available by the Administration for Children and Families for disaster declarations occurring between June 13 and December 31 to fund direct services to eligible families. DCDEE defines direct services as the funding the lead agency distributes to providers to pay for child care services. DCDEE will divide the maximum amount provided by ACF among the counties which received public assistance during Hurricane Dorian in 2019, including the amounts in the monthly allotments, to the affected counties upon receipt of the funds. The Division will also seek to relieve administrative costs, such as licensing fees, for facilities in the counties which received public assistance. By paying for parents' child care subsidy cost and reducing cost burdens for providers, DCDEE is supporting parents and providers by easing the burden they may have experienced during Hurricane Dorian.**

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

The coordination of post disaster recovery of child care services is described on p.10 of the Disaster Plan. When coordinating efforts, DCDEE ensures that child care providers, the general public, and partners are aware of DCDEE and other agencies' assistance. DCDEE facilitates communication among partner agencies to improve collaboration and avoid duplication. The Disaster Plan includes steps to complete prior to a disaster to prepare programs and partners for coordinating work, and the response steps to implement once a disaster occurs. A list is provided of DCDEE partners who may be enlisted to help carry out function.

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:**

All licensed child care centers and family child care homes are required by child care rules to develop and adopt an Emergency Preparedness and Response (EPR) Plan. The rules are designed to assist licensed child care programs to be adequately prepared to respond to the needs of children and others in the event of disasters and emergencies. The rules require: to have cribs or other devises to evacuate non-mobile infants; a plan to address how child care programs will respond to both natural and man-made disasters, such as fire, tornado, flood, power failures, chemical spills, bomb threats, earthquakes, blizzards, nuclear disasters, or a dangerous person in the vicinity; Shelter-in-place or lockdown drills completed quarterly in addition to monthly fire drills; One staff person / Family Child Care Home operator to complete the Emergency Preparedness and Response in Child Care training which provides details regarding what to include in each aspect of the Emergency

Preparedness and Response Plan; and an EPR Plan. The Plan must include: written procedures for accounting for children, staff, volunteers, and visitors; how children will be transported; evacuation diagrams showing how the staff, children, and any other individuals who may be present will evacuate during an emergency; the relocation and reunification process; emergency telephone numbers; date of last revision of the plan; methods for communicating with parents and emergency personnel or law enforcement; specific considerations for non-mobile children and children with special needs; a description of how children's nutritional and health needs will be met (including infants); the location of a Ready to Go File. A Ready to Go File means a collection of information on children, staff and the facility, to utilize, if an evacuation occurs. The file shall include, a copy of the Emergency Preparedness and Response Plan, contact information for individuals to pick-up children, each child's Application for Child Care, medication authorizations and instructions, any action plans for children with special health care needs, a list of any known food allergies of children and staff, staff contact information, Incident Report forms, an area map, and emergency telephone numbers. The rules additionally address how staff will review the EPR Plan annually or when information changes to ensure it is current; how staff review EPR Plan with staff during orientation and annually; and how substitutes and volunteers in ratio and additional caregivers who are present are informed of the Plan and its location. These rules are monitored for compliance during annual monitoring visits. Continuity of operations is addressed in the Division of Child Development and Early Education Disaster Plan which is discussed in 1.8.2.

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 NC Child Care Commission adopted rules in July 2015 to require all licensed child care programs to develop and adopt an Emergency Preparedness and Response Plan and at least one person per facility complete the Emergency Preparedness and Response in Child Care training. In additional all staff must review the program’s EPR Plan upon hire and at least annually. Practice drills are required in rules: 10A NCAC 09.0604(u); .1719. A shelter

in place or a lockdown drill must be conducted every three months in both Centers and Family Child Care Homes. Monthly fire drills are required in rules 10A NCAC 09 .0604(t) and .1719(a)(15). Child care consultants monitor compliance with the EPR child care requirements. Each component of the EPR plan listed in the rule is reviewed by child care consultants. Documentation of quarterly shelter in place or lock down drills, and monthly fire drills are reviewed.
https://ncchildcare.ncdhhs.gov/Provider/Provider-Resources/Emergency-Preparedness/Emergency-Preparedness-and-Response-Rules

Effective Date: 10/01/2018

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

https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/D/DCDEE_Disaster_Plan_July_2018_Final_ES.pdf?ver=2018-08-20-124632-687

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: 10/01/2018

- [x] Application in other languages (application document, brochures, provider notices)
- [x] Informational materials in non-English languages

- [x] Website in non-English languages
- [ ] 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 DHHS Title VI Coordinator secures translation services upon request. DHHS has a Spanish interpreter on staff who can help translate/respond to calls and Spanish webmaster questions. DHHS contracts with translator services for languages other than Spanish.

**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
- [x] 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:

Provide a Developmental Day license designation for programs meeting additional

standards in the NC Child Care Rules.

## 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:**

The Division offers several ways to file a complaint about child care providers. An individual can:

- Call the Division at 1-800-859.0829 (In-State only) or 919-527-6500 and ask to speak to someone in the Intake Unit;
- Fax information to the Intake Unit at 919-715-1013;
- Email our Webmaster at webmasterdcd@dhhs.nc.gov; or
- Mail information to DCDEE, 2201 Mail Service Center, Raleigh, NC 27699-2200.

This information is provided on the Division website.

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:**

When an individual makes a complaint about a child care program, Intake Consultants determine if the information is a violation of child care requirements. If the concerns are a violation of child care requirements, the information is sent to a Licensing Consultant or an Investigations Consultant within forty-eight hours depending on the nature of the concerns. Within two weeks, the Division makes an unannounced visit to discuss the complaint with the provider. Dependent upon the nature of the complaint, various aspects of the program will be monitored. For example, if the complaint was about the nutritional content of meals, the consultant would generally visit during lunchtime and review what was being served. Menus from current and previous weeks could also be reviewed, and a discussion with the provider about the program's policy for meals could also take place. If it is determined that the incident did occur, there are various actions that can be taken: Follow up visits may be conducted within two weeks to ensure that the incident is not repeated; The provider can submit a corrective action plan within two weeks that details what action will be taken to correct the item; The Division can take administrative action against the program, ranging from a written reprimand, to the issuance of a provisional license, to a summary suspension if there is an immediate and present danger to children. Following the issuance of any administrative action against a child care facility, the child care operator shall notify parents of children currently enrolled. The notification shall be in writing and shall include information on the type of administrative action taken. This includes administrative actions that are under appeal with the Office of Administrative Hearings. The operator shall maintain copies of documentation of the administrative action issued against the facility for the past three years in a binder, which shall be accessible to parents. If the consultant is unable to confirm that the incident did occur, then the report is unsubstantiated.

The Division employs investigations consultants, located throughout the state, to conduct investigations of child maltreatment in child care. When allegations of child maltreatment are received by the Division, within seven days an investigations consultant conducts a visit at the facility to investigate. The investigations consultant interviews the facility administrator, teachers, parents, children, and any other individuals who may have information about the allegations. The investigations consultant may conduct multiple visits to facilities to follow up on the investigation. Additional visits may be conducted for a variety of reasons such as to: Conduct interviews; Monitor for compliance with child care requirements; Monitor a protection plan; and Follow up on corrective action.

DCDEE has a Child Maltreatment Registry that is a list of individuals who have maltreated a child in child care. Before an individual is placed on the Child Maltreatment Registry, she or

he will be given the opportunity to appeal the decision. The general public can submit a request to check an individual's name against the registry by completing the Public Request Form for Child Maltreatment Registry. The law defines a "caregiver" broadly and includes: the operator of a licensed child care facility or religious-sponsored child care facility, a child care provider (as defined in G.S. 110-90.2(a)(2)), a volunteer, or any person who has the approval of the provider to assume responsibility for children under the care of the provider. All pending investigations are confidential. While every complaint is considered a high priority, the Division defines a major substantiated complaint as one that is a confirmed allegation of any licensing requirement that puts a child in potential harm. As a result of an investigation, DCDEE may cite violations and issue an administrative action. All violations cited and information regarding whether an administrative action has been issued within the last three years will be available on the Division's facility search site. If DCDEE determines child maltreatment occurred, that information will be displayed on the Division's facility search site. If DCDEE determines that the incident occurred, there are various actions that DCDEE can take: DCDEE can make follow-up visits to ensure that the incident is not repeated; The Division can cite violations of child care requirements and require immediate corrective action; The provider can submit a corrective action plan that details what action will be taken to correct the violations of child care requirements; The Division can put a Protection Plan in place to ensure children are in a safe environment; The Division can take administrative action against the program, ranging from a written reprimand, to revocation or summary suspension (if there is an immediate and present danger to children).

Following the substantiation of child maltreatment or the issuance of any administrative action against a child care facility, the child care operator shall notify parents of children currently enrolled. The notification shall be in writing and shall include information on the nature of the substantiated complaint or the type of administrative action taken. This includes administrative actions that are under appeal with the Office of Administrative Hearings. The operator shall maintain copies of documentation of the substantiated complaint investigation or the administrative action issued against the facility for the past three years in a binder, which shall be accessible to parents.

If the consultant is unable to confirm that the incident did occur, then the report is unsubstantiated.

**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:**

When an individual makes a complaint about a child care program, Intake Consultants determine if the information is a violation of child care requirements. If the concerns are a violation of child care requirements, the information is sent to a Licensing Consultant or an Investigations Consultant within forty-eight hours depending on the nature of the concerns. Within two weeks, the Division makes an unannounced visit to discuss the complaint with the provider. Dependent upon the nature of the complaint, various aspects of the program will be monitored. For example, if the complaint was about the nutritional content of meals, the consultant would generally visit during lunchtime and review what was being served. Menus from current and previous weeks could also be reviewed, and a discussion with the provider about the program's policy for meals could also take place. If it is determined that the incident did occur, there are various actions that can be taken: Follow up visits may be conducted within two weeks to ensure that the incident is not repeated; The provider can submit a corrective action plan within two weeks that details what action will be taken to correct the item; The Division can take administrative action against the program, ranging from a written reprimand, to the issuance of a provisional license, to a summary suspension if there is an immediate and present danger to children. Following the issuance of any administrative action against a child care facility, the child care operator shall notify parents of children currently enrolled. The notification shall be in writing and shall include information on the type of administrative action taken. This includes administrative actions that are under appeal with the Office of Administrative Hearings. The operator shall maintain copies of documentation of the administrative action issued against the facility for the past three years in a binder, which shall be accessible to parents. If the consultant is unable to confirm that the incident did occur, then the report is unsubstantiated.

The Division employs investigations consultants, located throughout the state, to conduct investigations of child maltreatment in child care. When allegations of child maltreatment are received by the Division, within seven days an investigations consultant conducts a visit at the facility to investigate. The investigations consultant interviews the facility administrator, teachers, parents, children, and any other individuals who may have information about the

allegations. The investigations consultant may conduct multiple visits to facilities to follow up on the investigation. Additional visits may be conducted for a variety of reasons such as to: Conduct interviews; Monitor for compliance with child care requirements; Monitor a protection plan; and Follow up on corrective action.

DCDEE has a Child Maltreatment Registry that is a list of individuals who have maltreated a child in child care. Before an individual is placed on the Child Maltreatment Registry, she or he will be given the opportunity to appeal the decision. The general public can submit a request to check an individual's name against the registry by completing the Public Request Form for Child Maltreatment Registry.

The law defines a "caregiver" broadly and includes: the operator of a licensed child care facility or religious-sponsored child care facility, a child care provider (as defined in G.S. 110-90.2(a)(2)), a volunteer, or any person who has the approval of the provider to assume responsibility for children under the care of the provider. All pending investigations are confidential. While every complaint is considered a high priority, the Division defines a major substantiated complaint as one that is a confirmed allegation of any licensing requirement that puts a child in potential harm. As a result of an investigation, DCDEE may cite violations and issue an administrative action. All violations cited and information regarding whether an administrative action has been issued within the last three years will be available on the Division's facility search site. If DCDEE determines child maltreatment occurred, that information will be displayed on the Division's facility search site. If DCDEE determines that the incident occurred, there are various actions that DCDEE can take: DCDEE can make follow-up visits to ensure that the incident is not repeated; The Division can cite violations of child care requirements and require immediate corrective action; The provider can submit a corrective action plan that details what action will be taken to correct the violations of child care requirements; The Division can put a Protection Plan in place to ensure children are in a safe environment; The Division can take administrative action against the program, ranging from a written reprimand, to revocation or summary suspension (if there is an immediate and present danger to children).

Following the substantiation of child maltreatment or the issuance of any administrative action against a child care facility, the child care operator shall notify parents of children currently enrolled. The notification shall be in writing and shall include information on the nature of the substantiated complaint or the type of administrative action taken. This includes administrative actions that are under appeal with the Office of Administrative Hearings. The operator shall maintain copies of documentation of the substantiated complaint investigation

or the administrative action issued against the facility for the past three years in a binder, which shall be accessible to parents. If the consultant is unable to confirm that the incident did occur, then the report is unsubstantiated.

Effective Date: 10/01/2018

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

All complaint records about child care facilities are maintained at the Division headquarters on both unsubstantiated and substantiated complaint report investigations for as long as the facility is licensed and three years after a facility license is terminated. Child care facility information is maintained in two files - the public file and investigation file. All documents in the public file are available to the public and all documents in the investigation file are confidential containing child maltreatment information. In addition, information about facilities is available to the public, specific to each child care facility on the consumer website, and includes information in Spanish. Visit types, which includes announced and unannounced visits, along with the violations cited for three years, display on the consumer website. After January 1, 2016, pending child maltreatment investigations do not display on the consumer website. At the conclusion of a child maltreatment investigation, if child maltreatment is substantiated, all visits will display, along with all violations of child care requirements cited during the course of the investigation. At the conclusion of a child maltreatment investigation, if child maltreatment is not substantiated, only visits with violations of child care requirements cited during the course of the investigation will display. If administrative action is taken as a result of violations of child care requirements or an investigation of child maltreatment, the consumer website will display that information for three years.

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:**

Prior to January 1, 2016, all information regarding licensing complaints was public record and limited information regarding child abuse/neglect complaints was public and available in the file. The limited information regarding child abuse/neglect investigations that was public included visit summaries, which include violations of child care requirements cited, and administrative actions along with follow-up information was public in the file in the Raleigh headquarters. The general public could request, via e-mail or telephone, information from the public file or visit the Raleigh headquarters to review the entire file. After January 1, 2016, all information regarding licensing complaints remains public and is available in the public file in the Raleigh office headquarters. However, limited information is available regarding child maltreatment investigations and in the public file. No information regarding pending child maltreatment investigations is in the public file. However, all violations of child care requirements cited during the course of an investigation, the investigation findings (substantiations of child maltreatment), including all administrative actions issued are available in the public file. At the conclusion of a child maltreatment investigation, if child maltreatment is confirmed, all visits will display on the consumer website, along with all violations cited during the course of the investigation. If the investigation determines that child maltreatment occurred, that information will display on the consumer website. At the conclusion of a child maltreatment investigation, if child maltreatment is not confirmed, only visits with violations of child care requirements cited during the course of the investigations will display on the consumer website.

If administrative action is taken as a result of violations of child care requirements or an investigation of child maltreatment, the consumer website will display for three years that administrative action was issued. To learn more details about an administrative action that was issued, the public may request information from the public file pertaining to the consumer website, information about child care facilities is available to the public. Visit information as well as administrative action information is available online for three years.

Effective Date: 10/01/2018

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

GS 110-105, GS 110-105.3, GS 110-105.6

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 Division’s newly designed website offers several features which make it consumer friendly and easily accessible. A wide range of users, including parents, providers and the

general public will find information needed within a few clicks. Users, whether on a computer, mobile phone, tablet or other device can search for a child care program, review resources, access webmaster email and search an employee directory.

A significant tool on the consumer education website is the Child Care Facility Search Site. Beginning with a plain language introduction for users on how to use the tool and interpret visit summaries, it proceeds to provide information about specific child care programs to assist families in making decisions about child care, including information on the program's star-rated license and regulatory visit summary information. The search function is robust, so that a user can enter a word and the site bring back results to help them refine their search. Providers can toggle to the Spanish version of the tool.

The responsive web design has been built from the ground up to accommodate all modern, web-enabled devices; including smartphones, tablets, laptops, desktops, digital projectors and smart TV devices. It provides easy navigation with minimum resizing, panning and scrolling.

Valuable information can be accessed through the website tabs.

The Home tab provides links to accessibility tools, assistive technology resources and contact information for the Division and for the Webmaster.

Under the Parent tab, resources and information can be found on topics such as financial assistance; the Child Care Rules; how to report non-compliance to child care rules and maltreatment; children with special needs; and developmental assessment information. Two consumer education brochures can be found under the Parent tab. One of these titled, “Child Care in North Carolina”, provides information about licensing, the star-rated license, quality child care, steps to finding a child care program and contact information for regional child care child care resource and referral. The second, titled, “Resources for families with young children in North Carolina”, provides resources related to financial assistance, developmental delays, child emotional and social development, and homelessness.

Child care forms, emergency planning information, a new criminal background check portal, and professional development information can all be accessed under the Provider tab.

Under both the provider and parent tabs, links are provided for parents, providers and the general public to access other child care related resources.
https://ncchildcare.ncdhhs.gov/Provider/Provider-Resources
https://ncchildcare.ncdhhs.gov/Parents/Additional-Resources

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 Search for Child Care tool, including the access to the monitoring reports, can be accessed in Spanish.This tool allows families to search for information on a child care program. Most forms and a consumer education brochure can also be viewed and printed in Spanish. A Spanish version of the website will be published during this plan cycle. The individuals who call the Division using the number from the DCDEE website can access translator services for Spanish and other languages for answers to their questions.

Effective Date: 10/01/2018

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

The DCDEE website was developed within the requirements of Section 508 of the Rehabilitation Act of 1973 to ensure accessibility for persons with disabilities.

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:

Getting a license https://ncchildcare.ncdhhs.gov/Services/Licensing/Getting-a-License ;

Exempt programs https://ncchildcare.ncdhhs.gov/Services/Licensing/Licensing-Requirements-Overview

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

https://ncchildcare.ncdhhs.gov/Services/Licensing/Licensing-Requirements-Overview

https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/M/Monitoring_ReguirementsforCenter.pdf

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:

https://ncchildcarecbc.nc.gov/

https://ncchildcare.ncdhhs.gov/Home/DCDEE-Sections/Criminal-Background-Check-Unit/Basic-Information

### 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:

https://ncchildcaresearch.dhhs.state.nc.us/search.asp?lang=English

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
- [ ] Relative CCDF child care providers
- [ ] Other.

Describe

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
- [x] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [x] Quality Information

- [x] Monitoring Reports
- [x] Other.

Describe:

In addition, information about the owner, the sanitation scores, the location of the facility, and any administrative actions issued.

License-Exempt, non-CCDF Providers

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

Describe:

In addition, information about the owner, the sanitation scores, the location of the facility, and any administrative actions issued.

License-Exempt CCDF Center Based Providers

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

Describe:

In addition, information about the owner, the sanitation scores, the location of the facility, and any administrative actions issued.

License-Exempt CCDF Family Child Care

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

Describe:

In addition, information about the owner, the sanitation scores, the location of the facility, and any administrative actions issued.

Relative CCDF Providers

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

Describe:

Other.

Describe:

Licensed non-CCDF providers

- [x] Contact Information
- [x] Enrollment Capacity
- [x] Years in Operation

- [ ] Provider Education and Training
- [ ] Languages Spoken
- [x] Quality Information
- [x] Monitoring Reports
- [x] Other.

Describe:

Licensed non-CCDF providers.

In addition, information about the owner, the sanitation scores, the location of the facility, and any administrative actions issued.

**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
- [ ] National accreditation
- [x] 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?

☑ Licensed CCDF providers.

Describe the quality information:

Child care programs are evaluated on two components: program standards and staff education. In addition, programs can earn a quality point for meeting enhanced standards in program standards and staff education. Program quality is assessed through Environment Rating Scale Assessments conducted by trained non-DCDEE staff. NC Rated License Assessment Project information brochure: https://ncrlap.org/Resources/Uploaded_Files/Uploaded_Resources/QuickReferenceGuide_10_7_14.pdf

☑ Licensed non-CCDF providers.

Describe the quality information:

Child care programs are evaluated on two components: program standards and staff education. In addition, programs can earn a quality point for meeting enhanced standards in program standards and staff education. Program quality is assessed through Environment Rating Scale Assessments conducted by trained non-DCDEE staff. NC Rated License Assessment Project information brochure: https://ncrlap.org/Resources/Uploaded_Files/Uploaded_Resources/QuickReferenceGuide_10_7_14.pdf

☑ License-exempt center-based CCDF providers.

Describe the quality information:

Religious sponsored programs receiving or not receiving CCDF subsidy, can choose to operate under a Notice of Compliance or a child care license. If they choose to operate under a Notice of Compliance, they must meet basic health and safety standards in the Child Care Rules. These programs are exempt from select sections of the child care rules and do not participate in the environment rating scale assessments for a rated license; however, some programs voluntarily use quality rating tools for self-assessments. Some choose to be licensed and participate in the Star-Rated license.

☑ License-exempt FCC CCDF providers.

Describe the quality information:

Religious sponsored programs receiving or not receiving CCDF subsidy, can choose to operate under a Notice of Compliance or a child care license. If they choose to operate under a Notice of Compliance, they must meet basic health and safety standards in the Child Care Rules. These programs are exempt from select sections of the child care rules and do not participate in the environment rating scale assessments for a rated license; however, some programs voluntarily use quality rating tools for self-assessments. Some choose to be licensed and participate in the Star-Rated license.

☑ License-exempt non-CCDF providers.

Describe the quality information:

Religious sponsored programs receiving or not receiving CCDF subsidy, can choose to operate under a Notice of Compliance or a child care license. If they choose to operate under a Notice of Compliance, they must meet basic health and safety standards in the Child Care Rules. These programs are exempt from select sections of the child care rules and do not participate in the environment rating scale assessments for a rated license; however, some programs voluntarily use quality rating tools for self-assessments. Some choose to be licensed and participate in the Star-Rated license.

☐ Relative child care providers.

Describe the quality information:

☐ Other.

Describe

**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.

Plain language is a clear straight foward use of words in a way that the audience understands the message easily. The audience can find what they need, understand what they find, and use what they find to meet their needs. Information about inspection reports is located on the Child Care Facility Search Site. Consultant phone numbers are provided on the Visit Summaries, therefore parents and the public can provide feedback at any time.

b) Are monitoring and inspection reports in plain language?

☑ If yes,

include a website link to a sample monitoring report.

https://ncchildcare.ncdhhs.gov/LinkClick.aspx?fileticket=Mb_gwuTq45Q%3d&portalid=0 Consultants work towards writing reports in simple terms which clearly identify any areas of noncompliance. A plain language summary of the Visit Summary reports can be found on the Facility Search site under the DCDEE visits tab once a person clicks on the facility name of interest.

☐ 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.

There is a separate section in the inspection report for violations of child care requirements, including the rule citation and customization of the violation. Violations of child care requirements regarding child fatalities and serious injuries are included in inspection reports. All violations of child care requirements are posted on the Division website for the public to view.

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

Describe

If violations are cited during a monitoring visit, the inspection report indicates violations must be corrected immediately and a letter must be sent to the child care consultant within two weeks stating how each violation has been corrected and a plan to maintain compliance. A child care consultant may conduct a follow-up visit within two weeks to verify compliance. Violations are listed on the public website and indicate if the violations were confirmed corrected by letter received from the provider, pending correction, or corrected during the visit.

d) The process for correcting inaccuracies in reports.

When an operator believes there are inaccuracies in their inspection report, they contact the area supervisor and discuss their concerns. The supervisor reviews the documentation and discusses with the consultant and makes a determination regarding changes in the inspection report.

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.

Violations of child care requirements and administrative actions taken as a result of non-compliance can be appealed through the Office of Administrative Hearings within 30 days. At the conclusion of a contested case hearing, the judge would instruct the agency

on the removal of any violations from the website.

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

After the inspection, the inspection reports are reviewed by consultants and supervisors for accuracy and posted on the Division website typically within 48 hours of the visit in accordance with agency procedures. Data reports are run periodically to ensure annual monitoring visits are completed in a timely manner.

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)).

All active facility information, including monitoring reports, is maintained on the Division website for the previous three years. Information beyond three years no longer shows up on the website; however, all visits for active facilities are maintained at the agency for the entire time the program is in operation and for three years after a facility license is terminated. Copies of written files are available to the public 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
- [x] Other.

Describe

License exempt CCDF providers. Religious sponsored programs which operate under a Notice of Compliance. Some Religious sponsored programs are CCDF providers. Monitoring and inspection reports are on the consumer education website.

**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.

If a child receives medical attention as a result of an injury/incident that occurred while in the child care program, the facility is required to complete an incident report, and submit the report to their Child Care Consultant at the Division within seven calendar days of the incident. The Division provides a template of an injury/incident report to child care programs to use for this purpose. The Division tracks the incident report information and compiles aggregate data by state fiscal year to post on the website.

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

North Carolina General Statute defines child maltreatment as any act or series of acts of commission or omission by a caregiver that results in harm, potential for harm, or threat of harm to a child. Acts of commission include, but are not limited to, physical, sexual, and psychological abuse. Acts of omission include, but are not limited to, failure to provide for the physical, emotional, or medical well-being of a child, and failure to properly supervise children, which results in exposure to potentially harmful environments.

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

The Division defines "serious injury" as a wound or other specific damage to the body

such as, but not limited to, unconsciousness, broken bones, dislocation, deep cut requiring stitches, concussion, a foreign object lodged in eye, nose, or other orifice, 2nd or 3rd degree burns, and swallowed objects.

d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted. https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/S/Serious_Injury_Website_Table_7-1-17_to_FY_6-30-18.pdf?ver=2018-08-08-190943-043 Serious Injury and Child Fatality Data

https://ncchildcare.ncdhhs.gov/Parents/File-a-Child-Care-Program-Complaint The substantiated instances of child maltreatment are provided in a paragraph under the following heading, "Complaint Resolution."

**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:**

https://ncchildcare.ncdhhs.gov/Provider/Provider-Resources/Child-Care-Contacts-Lookup Under the Provider, then the Provider Resources tab

Under Parents, then on the Information for Parents/Choosing Quality Child Care tab of the website, https://ncchildcare.ncdhhs.gov/Parents/Choosing-Quality-Child-Care, CCR&R is an agency discussed as a resource for families under a heading labeled, “Contact Your Resource and Referral Agency". The following information on CCR&R agencies is provided: Works with parents, child care providers, businesses, and community organizations to help promote the availability of quality child care services; Provides parents with child care referrals and information on choosing quality child care, plus resources on various parenting issues; and Offers providers access to valuable training and support services for new and established programs. Click on Provider/Provider Resources to find a list of resources which includes a link to find local Child Care Resource and Referral Agencies, https://ncchildcare.ncdhhs.gov/Provider/Provider-Resources The description states CCR&Rs provide information on technical assistance programs designed to help providers develop

quality child care programs and find out about local funding sources or resources to assist programs with improvements.

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 DCDEE website includes a “Contact” tab which provides the information parents and the public needs to know to reach us through variety of means; including email, telephone, fax and directions to the physical location of DCDEE offices. https://ncchildcare.ncdhhs.gov/Home/Contact

Under Parents, then on the Information for Parents/Choosing Quality Child Care tab of the website, https://ncchildcare.ncdhhs.gov/Parents/Choosing-Quality-Child-Care , CCR&R is an agency discussed as a resource for families under a heading labeled, “Contact Your Resource and Referral Agency". The following information on CCR&R agencies is provided: Works with parents, child care providers, businesses, and community organizations to help promote the availability of quality child care services; Provides parents with child care referrals and information on choosing quality child care, plus resources on various parenting issues; and Offers providers access to valuable training and support services for new and established programs. Click on Provider/Provider Resources to find a list of resources which includes a link to find local Child Care Resource and Referral Agencies, https://ncchildcare.ncdhhs.gov/Provider/Provider-Resources. The description states CCR&Rs provide information on technical assistance programs designed to help providers develop quality child care programs and find out about local funding sources or resources to assist programs with improvements.

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.**

https://ncchildcare.ncdhhs.gov/

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.

NA

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.**

DCDEE maintains a website that includes information about eligibility for child care subsidies for families. The website also includes Local Purchasing Agency contact information https://ncchildcare.ncdhhs.gov/Parents/County-Resource-Lookup .

Information about financial assistance can be found on the Division's website under Services/Financial Assistance, https://ncchildcare.ncdhhs.gov/Services/Financial-Assistance. Information about NC Pre-K, NC's Prekindergarten Program, is on DCDEE's website at https://ncchildcare.ncdhhs.gov/Home/DCDEE-Sections/North-Carolina-Pre-Kindergarten-NC-Pre-K . Information about Smart Start is available at http://www.smartstart.org/ or through this link on the DCDEE website: https://ncchildcare.ncdhhs.gov/Provider/Provider-Resources . Information includes services offered, eligibility and contact information for NC Pre-K, and contact information for local Smart Start partnerships.

DCDEE also communicates by telephone and in person to individuals across the state information about financial assistance through its consulting staff. Consultants tailor the information to the level of the audience. They, in plain language, share all types of information, including information about the Subsidized Child Care program.

Child Care Resource and Referral Agencies provide information to families about services that are available which includes WIC, SNAP, Energy Assistance, Child Care Subsidy and other programs based on family need. These services among other resources are marketed in a new consumer education brochure titled, "Resources for families with young children in North Carolina". Another new consumer education brochure is available titled, "Child Care in North Carolina" https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCRRNC_ChildCareinNC_FINAL_web.pdf?ver=2018-08-23-125352-147 , which includes types of child care available, licensing/star-rated license information, how to choose quality child care/quality indicators, next steps (call or visit the program), reporting concerns & maltreatment, and child care subsidy (SCC, Pre-K/Head Start Child Care Partnerships). These brochures will be

distributed through DCDEE, CCR&R offices, Smart Start offices, DSS offices and elsewhere as applicable. To the extent possible, the brochures are written at an 8th grade reading level.

Effective Date: 10/01/2018

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

Child Care Resource and Referral agencies employ Family Referral Specialists, some who are bilingual, who communicate information about availability of child care as well as information about financial assistance. Enhanced referral services are available in some CCR&R agencies.

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:

Information about Work First (TANF) is on the NC Department of Health and Human Services website at https://www.ncdhhs.gov/assistance/low-income-services/work-first-cash-assistance and in the CCR&R consumer education brochure, "Resources for families with young children in North Carolina" https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCRRNC_ResourcesinNC_FINAL_web.pdf?ver=2018-08-23-125352-347. Information that is provided includes

TANF benefits/services provided, including emergency assistance, where and how to apply and a link to a contact who can provide more information. The information is tailored to a variety of audiences by using plain language on the website and providing links and emails on the website to individuals who can provide additional assistance. In the future, DCDEE in consultation with CCR&R, the Eastern Band of Cherokee Indians (EBCI), and Division of Social Services will plan for how to include information about TANF to applicants during the initial application process.

☑ Head Start and Early Head Start programs:

Information about Head Start and Early Head Start is shown on the parent section of DCDEE website at http://ncchildcare.nc.gov/parents/pr_additionalresources.asp. This includes a brief description of Early Head Start and Head Start services.

☑ Low Income Home Energy Assistance Program (LIHEAP):

Information about LIHEAP is on the NC Department of Health and Human Services website at https://www.ncdhhs.gov/assistance/low-income-services/low-income-energy-assistance and in the CCR&R consumer education brochure, "Resources for families with young children in North Carolina" https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCRRNC_ResourcesinNC_FINAL_web.pdf?ver=2018-08-23-125352-347. This includes information about the program, what is needed for eligibility, and how to apply.

☑ Supplemental Nutrition Assistance Programs (SNAP) Program:

A family may be deemed eligible for subsidized child care services if they have been determined eligible for Food and Nutrition Services. Information about North Carolina Food and Nutrition Services is on the NC Department of Health and Human Services website at http://www.ncdhhs.gov/assistance/low-income-services/food-nutrition-services-food-stamps and in the CCR&R consumer education brochure, "Resources for families with young children in North Carolina" https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCRRNC_ResourcesinNC_FINAL_web.pdf?ver=2018-08-23-125352-347 . This includes information about the program, what is needed for eligibility, and who to contact.

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

Information about North Carolina Food and Nutrition Services is on the NC Department of Health and Human Services website at http://www.ncdhhs.gov/assistance/childrens-services/wic-special-supplemental-nutrition-program and in the CCR&R consumer education brochure, "Resources for families with young children in North Carolina" https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCRRNC_ResourcesinNC_FINAL_web.pdf?ver=2018-08-23-125352-347 . This includes information about the program, eligibility requirements, and a link for finding the WIC program in each county.

☑ Child and Adult Care Food Program(CACFP):

Information about the CACFP is available for providers, parents, partners and the general public on the DCDEE website and through the CCR&R. https://ncchildcare.ncdhhs.gov/Provider/Provider-Resources DCDEE website https://www.nutritionnc.com/snp/index.htm CACFP

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

Information about North Carolina Medicaid program is on the NC Department of Health and Human Services website at http://www.ncdhhs.gov/assistance/medicaid. This includes information about the program and a link for applying for Medicaid or Health Choice. CHIP is a resource mentioned in the CCR&R consumer education brochure, "Resources for families with young children in North Carolina". https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCRRNC_ResourcesinNC_FINAL_web.pdf?ver=2018-08-23-125352-347

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

Information about North Carolina Early Intervention Program is on the NC Department of Health and Human Services website at http://www.beearly.nc.gov/ , in the CCR&R consumer education brochure, "Resources for families with young children in North Carolina" https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCRRNC_ResourcesinNC_FINAL_web.pdf?ver=2018-08-23-125352-347 and on the NC Department of Public Instruction, Office of Early Learning Website

http://www.ncpublicschools.org/earlylearning/ecprogram/families/; https://nceln.fpg.unc.edu/ . Information includes services offered and how to obtain a referral for early intervention services.

**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.**

So that families may access information in formats that meet their individual needs, the state provides information using a variety of delivery systems. The state coordinates with other state agencies (Division of Public Health, Department of Public Instruction) as well as statewide early childhood systems such as Child Care Resource and Referral, Smart Start, and the Eastern Band of Cherokee Indians to disseminate research and best practice knowledge to families through the various services offered by each agency (e.g., local family resource centers, community lending libraries, child care health consultation). The state collaborates with multiple groups so that messages and information are aligned with various state initiatives.

Quarterly the NC Child Care Health and Safety Resource Center, a project of University of North Carolina Chapel Hill, publishes e-news on health and safety topics related to child care. An archive of these research and evidenced-based e-newsletter articles can be found at the following link: http://www.healthychildcarenc.org/?page=enewsletters . Notification of these e-news publications is through an email listserv that reaches approximately 75% of all licensed child care programs as well as other professionals in the early childhood system. The articles are intentionally written at about the 8th grade level, so that most parents, providers and those in the general public can benefit. They are also translated into Spanish. Many programs print these articles for parents in the program.

The Division of Child Development and Early Education also publishes an e-newsletter, News You Can Use, which dissimenates evidenced-based information about early childhood issues, including health and safety, at the times when these issues are likely to occur. These are also in plain language so that persons with diverse ability levels can benefit and are

linked for program use with parents.

NC CCR&R Council sends a newsletter to the CCR&R system and early childhood system partners. This newsletter contains many research and evidenced-based articles which can be shared not only with providers, but also with parents and the general community. It covers a broad range of topics related to early childhood education, including child development, physical health and development (healthy eating and physical activity) and family engagement. Dowloadable resources are included and articles are linked, so links can be sent to parents or others if a particular topic meets a need.

Some partners have websites, toolkits, technical assistance and or advisory activities related to healthy eating and physical activity which provides evidenced and or research based information to providers, parents and the general public. These include NC State University, Natural Learning Initiative, https://naturalearning.org/greendesk/, Eat Smart Move More, https://www.eatsmartmovemorenc.com/Data/Data.html, including information about the Integrating Healthy Opportunties for Play and Eating (I_HOPE) Advisory Committee https://www.eatsmartmovemorenc.com/I-HOPE/portal/, Be Active Kids, http://www.beactivekids.org/beactive-at-school-childcare, N.C. Farm to Child Care Initiative, https://cefs.ncsu.edu/food-system-initiatives/nc-farm-to-early-care-and-education/ , Go NAP SAAC, https://gonapsacc.org/, and Shape NC, http://www.smartstart.org/shape-nc-home/ . These programs have resources for families among other family engagement components.

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.**

Families/parents receive a variety of information from multiple sources regarding children's social and behavioral needs. Written materials may be disseminated via a child's care

provider, as given to them by a child care health consultant, healthy social emotional behaviors specialist, infant-toddler specialist, infant-toddler mental health specialist, family medical provider, public school itinerant staff, or local resource such as a Smart Start Partnership or a CCR&R. Families may also receive ongoing evidenced-based training and education through CCR&R or locally implemented, Smart Start funded programs such as Incredible Years. The state also provides information to families/parents directly through participation in intensive home visitation activities, such as, Early Head Start, Parents as Teachers, Nurse Family Partnership, or Triple P (Positive Parenting Program). The NC Department of Public Health under the Early Intervention Branch, works with families whose children, ages birth to age 3 years, have an identified developmental delay or an established condition which has a high likelihood of leading to a developmental delay. All families referred to the program receive information about social/emotional development of children, as well as the services and programs available for children who have identified social/emotional needs and/or delays. Families receive verbal guidance and written materials with this information. The individuals providing the information work with the families on a regular basis, so can tailor the information to fit the family's education level and experience. Providers receive information about social-emotional issues through their local Child Care Resource and Referral, Smart Start and Child Care Consultants. The Healthy Social Behaviors (HSB) Project through Child Care Resource and Referral was designed to assist teachers and technical assistance specialists in addressing challenging behaviors and in creating a proactive environment to ensure that children have developed the social-emotional competencies needed prior to entering school in order to succeed. A list of the training topics provided by the Healthy Social Behavior Specialists through CCR&R are at the following web link: http://childcarerrnc.org/s.php?subpage=HealthySocialBehaviors.

The Infant Toddler Enhancement Project offers Social Emotional Technical Assistance (SETA) to infant toddler teachers requesting on-site support to improve their practices to promote social emotional competence in infants and toddlers. The IT Project uses the CSEFEL Pyramid Model. A list of training topics provided by the Infant Toddler Project can be found here: http://www.childcarerrnc.org/s.php?subpage=SpecialInitiatives

Child Care Health Consultants employed by local Smart Start partnerships also provide technical assistance to licensed programs on social emotional issues. They participate in a Child Care Health Consultant training course, CCHC Annual Conference, quarterly regional meetings, webinars hosted by the NC Resource Center, and shared resources – all that frequently address social emotional issues for young children. They have been trained on the Pyramid model and many have early childhood education credits.

Parents, providers and the community receive social emotional information through the University of North Carolina, Chapel Hill, NC Child Care Health and Safety Resource Center e-news. They intentionally write the articles at an 8th grade level so that a variety of education levels can benefit. Samples of these e-news articles and former bulletins are at the following sites: E-News http://www.healthychildcarenc.org/?page=enewsletters Bulletins - http://www.healthychildcarenc.org/?age=hs_bulletins

Child Care Licensing Consultants, by ensuring providers meet the Child Care Rules related to positive interactions and discipline, and reviewing scores on Environmental Rating Scales also have opportunities to provide information and technical assistance on social-emotional issues to providers. Child Care Rules related to behavior management and interactions are in Section .1800 Staff/Child Interactions and Behavior Management https://ncchildcare.ncdhhs.gov/Services/Child-Care-Rules-Law-and-Public-Information .

Rules related to supervision, prohibited discipline and a discipline policy are also included in that Section. The Environmental Rating Scales also include topics related to interactions, supervision and discipline as well as interactions among children. With prior relationships established with providers, the Consultants are able to tailor the information to the person's education and experience level.

Child Care Resource and Referral regions have technical assistance providers who can offer trainings and technical assistance on school-age care. Tool kits available for their use include School-Age Behavior Toolkit (includes Intervention strategies, parent resources, understanding behaviors, prevention strategies, teacher supports); School-Age Toolkit: Bullying; Embracing ADHD Toolkit; and School-Age Conflict Management Toolkit.

Effective Date: 10/01/2018

**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.**

Since 2005, evidence-based programmatic mental health services have been available to licensed child care centers through the Promoting Healthy Social Behaviors in Child Care Centers (HSB) and the Infant Toddler Enhancement Project, initiatives of the CCR&R

Council. These services are based on the Pyramid Model developed by the Center on the Social and Emotional Foundations for Early Learning. The HSB initiative, managed by Child Care Resources Inc. for the NC CCR&R Council, employs a Statewide Project Manager to provide program management, an Education Specialist, who develops and disseminates CEU-level professional development events across the state, three Expulsion Prevention Specialists and 21 regional behavior specialists who provide training (both contact hour and CEU) and intensive on-site technical assistance to child care programs. The focus of the Expulsion Prevention Specialists is to provide training on the NC suspension/Expulsion Policy to administrators in all licensed facilities across the state.

Link to early childhood suspension and expulsion policy information
https://ncchildcare.ncdhhs.gov/Provider/Provider-Resources/Behavior-Management
Link to DCDEE Policy Statement
https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/D/DCDEE_Suspension_and_Expulsion_Policy.pdf?ver=2017-07-21-091108-103

This introductory training will be provided through 2019, then it will be expanded to include a toolkit training which will assist administrators to better address the issue of suspension and expulsion within their own facility. In 2019 all the HSB regional specialists and interested Core Services specialists will be trained on the introductory training and the toolkit to use in their TA with administrators at facilities on their caseloads.

Training, consultation, toolkits with resources are provided to directors/teachers in need of assistance regarding expulsion/suspension practices and policies, social-emotional competencies, pro-social classroom practices, and individualized social-emotional assessment and crafting of behavior plans for individualized intervention. Additionally, referrals to supplemental mental health services are provided as necessary. HSB maintains numerous social media accounts that are utilized through technical assistance and training. The Infant Toddler Enhancement Initiative, managed by Child Care Services Association, is available to infant toddler teachers for on-site support to improve their practices to promote social emotional competence in infants and toddlers. Social Emotional Technical Assistance(SETA) using the CSEFEL Pyramid Model as the foundation, CLASS and the Infant-Toddler Inventory of Practices, a tool for collaboratively developing improvement plans, are used by the Infant Toddler Specialists in coaching lead teachers and other staff.

## 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: 10/01/2018

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 collected information from partners to provide to each local purchasing agency printed and online information about developmental milestones, monitoring, and screening. The Lead Agency has provided resource information about local community agencies such as health departments, Children's Developmental Services Agencies (CDSA), and Local Education Agencies (LEA) which providers and families can use to make referrals when there is a concern related to a child's development. The Lead Agency also made an addition to the subsidy provider agreement stating that all providers agree to distribute information about developmental milestones, monitoring, and screening to parents receiving subsidized child care. CCR&R agencies serve as additional sources of information on developmental screenings.

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.).

The Lead Agency provides to each Local Purchasing Agency (LPA) printed and online information about developmental milestones, monitoring, and screening. The Lead Agency has provided resource information about local community agencies such as health departments, Children's Developmental Services Agencies (CDSA), and Local Education Agencies (LEA) which providers and families can use to make referrals when there is a concern related to a child's development. The Lead Agency also made an addition to the provider agreement stating that all providers agree to distribute information about developmental milestones, monitoring, and screening to parents receiving subsidized child care.

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.

Though not yet implemented, the Lead Agency will provide information about developmental milestones, monitoring, and screening to all LPAs with instructions to share this information with families at the time of initial eligibility determination and redetermination as of October 2018.

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 LPA gives child care providers information about developmental screenings and resources for developmental screenings. Child care providers are also given information about the Exceptional Children's Assistance Center which is a resource providers can contact to receive community specific resources, contact information, and assistance with referrals. Although not yet implemented, this information will also be provided to CCDF families at the time of initial eligibility determination and redetermination prior to October 2018. CCR&R agencies serve as additional sources of information on developmental screenings.

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

Local professional development providers, such as CCR&R, offer a variety of training topics which includes information about developmental screenings.

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

SCCA DCDL 2016-#04 effective 9/26/2016.

## 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 public has access to the DCDEE website which contains the required consumer information.

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

Basic Facility Information, License Information, Special Facility Features, Owner Information, Lead Agency Visits (how the program meets health and safety requirements), Administrative Action Information, Additional Contact Information for Local and Lead Agency.

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

https://ncchildcaresearch.dhhs.state.nc.us/search.asp?lang=English Facility Search Site Consumers must at least enter a city, zipcode or county before they get a list of programs to search for more information. The consumer statement appears on the facilitiies' page through the use of tabs at the top of the page. Consumers are given basic facility information, license information, special facility features, owner information, DCDEE visits (how the program meets health and safety standards) and actions taken.

https://ncchildcare.ncdhhs.gov/Provider/Providing-Child-Care/Subsidized-Child-Care/Care-for-Children-Receiving-Subsidy Information about subsidy

https://ncchildcare.ncdhhs.gov/Parent/File-a-Child-Care-Program-Complaint How to submit a complaint

https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCRRNC_ResourcesinNC_FINAL_web.pdf?ver=2018-08-23-125352-347 Contact information for Child Care Resource and Referral.
https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCRRNC_ChildCareinNC_FINAL_web.pdf?ver=2018-08-23-125352-147

# 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 birth

(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: An incapacity, as determined by a medical professional, which supports the need for supervision or involvement in child care.

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":

Any adult that the child resides with and has primary responsibility for the care and well-being of the child.

"in loco parentis":

Any adult that the child resides with and has primary responsibility for the care and well-being of the child.

### 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":

The Lead Agency defines working as being engaged in an activity on a regular basis which provides earned income. Child Care Subsidy is approved to support full and part-time employment. This includes self-employment. A period of job search is allowed after a family receiving subsidy experiences a job loss or is temporarily absent from work with intent to return to the same employment.

"Job training":

An individual is considered attending job training when engaged in the following activities: (1) Skills training (e.g. welding certification, plumbing certification, Nurse Assistant certification). (2) Work First Employment Services training-related activities.

"Education":

An individual is considered attending an educational program when engaged in the following educational activities: (1) Continuation of elementary or high school within the local school system; (2) Basic education or a high school education or its equivalent. (3) Post-secondary for up to 20 months and (4) job training as defined above.

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

The LPA determines the number of hours child care needed to support a family when the responsible adult is attending job training or education.

An individual is considered attending educational program when engaged in the following educational activities: (1) Continuation of elementary or high school within the local school system; (2) Basic education or a high school education or its equivalent. (3) Post-secondary for up to 20 months and (4) job training as defined above. The LPA must consider the number of hours the responsible adult is in class allowing for adequate study time and reasonable travel time. When online classes are included in the class schedule, the LPA must consider the numbers of hours spent outside the classroom to study and complete course requirements.

An individual is considered attending job training when engaged in the following activities: (1) Skills training (e.g. welding certification, plumbing certification, Nurse Assistant certification). (2) Work First Employment Services training-related activities. The LPA must consider the number of hours the responsible adult is in the training allowing for reasonable travel time. When online trainings are included in the schedule, the LPA must consider the numbers of hours spent outside work to complete the training requirements.

### 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:

90 days of continued child care assistance for the following instances when the parent is currently receiving child care assistance: Seeking employment following a job loss; Transitions between training or education activities; and Job search following the 20-month post-secondary education time limit. Continuation of the service may be extended beyond 90 days if the agency determines such extension is warranted. The

reason for the extension must be documented in the client's record. When in periods of transition, job search activities and educational plans must be communicated to the child care worker before the end of the 90-day transition period. If an extension is given, the reason for the extension must be documented in the client's case record.

### 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)

- [x] No.
- [ ] Yes.

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

### 3.1.2 Eligibility criteria based on reason for care

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

- [ ] No.
- [x] Yes. If yes:

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

Child protective services (CPS) are legally mandated, involuntary services to families that encompass the provision by county departments of social services of specialized services for children alleged to be maltreated (abused, neglected, or dependent) or those who have been substantiated as victims of maltreatment (through an investigative assessment) or found to be in need of protective services (through a family assessment), and are reasonable candidates for foster care in the absence of such services. The Eastern Band of Cherokee Indians Public Health and Human Services is also a provider of specialized child protective services.

In response to the Coronavirus pandemic in 2020, children of parents who are employed by an essential business as described in Executive Order 121 (p.36), are considered to be in protective services. The designation of essential workers as a protective class expired May 31, 2020 as a result of Executive Order 135 which

provided an expiration date for the Stay at Home Order of May 8 at 5pm. Once the Stay at Home Order was rescinded, the essential worker emergency subsidy program was no longer needed; therefore the program was terminated at the end of the month.

*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?

- [x] No
- [ ] Yes

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

- [ ] No
- [x] Yes

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

- [x] No
- [ ] 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: 04/01/2020

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

Income is defined as monetary resources, earned or unearned, received for labor, services, government or private benefits, or any money available to members of the income unit for their maintenance.

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 | 3044 | 2578 | 2010 (age 0-5) | 66% (age 0-5) |
| 2 | 3967 | 3372 | 2707 (age 0-5) | 68% (age 0-5) |
| 3 | 4900 | 4165 | 3403 (age 0-5) | 69% (age 0-5) |
| 4 | 5833 | 4958 | 4100 (age 0-5) | 70% (age 0-5) |
| 5 | 6767 | 5752 | 4797 (age 0-5) | 71% (age 0-5) |

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)).

The site would not accept the below data in the chart.

b) 1 1337 (age 6+) 44% (age 6+)

2 1800 (age 6+) 45% (age 6+)

3 2263 (age 6+) 46% (age 6+)

4 2727 (age 6+) 47% (age 6+)

5 3190 (age 6+) 47% (age 6+)

In response to the Coronavirus pandemic, a new Emergency Child Care Subsidy program funded by the CAREs Act, was developed which provides financial assistance for child care to parents/primary caregivers who are essential workers (as defined by North Carolina Governor Roy Cooper in Executive Order 121) for the months of April and May. Parents can receive financial assistance for emergency child care if they are essential workers, have no other safe child care options and have a household income below 300 percent of the federal poverty line. Families experiencing homelessness or with children in the child welfare system were also eligible to participate in this program.

The designation of essential workers as a protective class expired May 31, 2020 as a result of Executive Order 135 which provided an expiration date for the Stay at Home Order.

c) 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. Federal Register citation: Estimated SMI for Four-Person Families, by State, for FFY 2017, for use in the Low Income Home Energy Assistance Program.

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

Mecklenburg County

f) What was the date (mm/dd/yyyy) that these eligibility limits in column (c) became effective? April 1, 2017

g) Provide the citation or link, if available, for the income eligibility limits.
https://www.federalregister.gov/documents/2016/08/23/2016-19922/the-low-income-home-energy assistance-program-announces-the-state-median-income-estimates-for

**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).

Families declaring assets in excess of $1,000,000 are ineligible for Subsidized Child Care Assistance. At the time of initial application and redetermination, families will be asked to declare if they have assets in excess of $1,000,000.

b) Does the Lead Agency waive the asset limit on a case-by-case basis for families

defined as receiving, or in need of, protective services?

☐ No.

☑ Yes.

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

Chapter 5, III, B, 2 of online Subsidized Child Care Services manual. Subsidized child care services are provided to children receiving child protective services without regard to family income.

**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 Departments of Social Services (DSS) and Local Purchasing Agencies (LPA's) prioritize vulnerable populations including families experiencing homelessness and children with special needs. This policy also requires DSS/LPAs to add prioritization of these populations to their local policies. DSS/LPAs will now use the 4% set aside to serve vulnerable populations which includes children identified as having special needs and children and families experiencing homelessness or those who are in a temporary living situation. Counties must establish a separate waiting list for children and families who are in one of these vulnerable populations. Payment for these services is made with the vulnerable population set-aside. Once the minimum set-aside amount is encumbered, families experiencing homelessness who are currently being served should be served with funds in the DSS/LPAs regular subsidy allocation. DSS/LPAs may continue to serve new families experiencing homelessness who apply as long as the DSS/LPA does not overspend their regular subsidy allocation.

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

- [ ] 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
- [ ] Using cross-enrollment or referrals to other public benefits
- [ ] 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;
- [ ] 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:

The agency determining eligibility for the services could also have on file a Person-Centered Plan (PCP) as defined in 10A NCAC 70G .0402 to document the "special need" or "disability". Counties must establish a separate waiting list for children identified as having special needs. DSS/LPAs will now use the 4% set aside to serve vulnerable populations which includes children identified as having special needs. In addition, a local purchasing agency may supplement the provider's approved rate for additional costs incurred for a child with special needs who is enrolled in an inclusive setting.

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

Effective Date: 02/01/2019

**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: 02/01/2019

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.

A graduatedtwelve month phase out period occurs when, at redetermination, families' gross countable monthly income exceeds Federal Poverty Levels of 133% for school age children or 200% for preschool age children and children with special needs and meets the federal income threshold of 85% State Median Income. At the time of the redetermination, the family income shall be compared to 85% State Median Income (SMI). If income is at or below 85% SMI, but exceeds the State Income limits, the family will be given a phase out period of twelve months during which child care subsidy services continue with adjustment of the parental fee. When the family income exceeds 85% at redetermination, a ten (10) work day notice will be issued to terminate services.

Provide the citation for this policy or procedure.

Administrative Letter: #07-18

https://policies.ncdhhs.gov/divisional/child-development/child-care-subsidy-services/administrative-letters/documents/ccs_al_0718.pdf

- [ ] 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.

N/A

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.

At the time of graduated phase out, parental fees will increase to reflect the family's new reported income. At the time of the redetermination, the family's income shall be compared to 85% State Median Income (SMI). If income is less than 85% SMI but exceeds the Federal Poverty Level (FPL) limits, the family will be given a graduated phase out period during which child care subsidy services continue with adjustment of the parental fee.

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:

Income from the base period that is received irregularly, has changed or terminated and cannot be reasonably expected to be available to the household during the certification period does not affect eligibility or family co-payments. Non-representative income also includes new income that was not available during the base periods and therefore no base period information is available to project the income that will be available to the household during the certification period.

**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: 03/01/2020

☑ Applicant identity.

Describe:

When the applicant applies for Subsidized Child Care they self-report identity. This is recorded in the case record.

☑ Applicant's relationship to the child.

Describe:

There is no requirement to document the relationship of the child to the applicant. Applicant statement is accepted. This is recorded in the case record.

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

Describe:

There is no requirement for verification of information for determining if the child is eligible. The applicant's statement is accepted. This is recorded in the case record.

☑ Work.

Describe:

Work is verified by pay stubs, employer verification forms, award letters and current information from existing agency records and documented in the case record.

☑ Job training or educational program.

Describe:

Job training or educational program is documented by school schedules, proof of enrollment, grades and attendance and documented in the case record.

☑ Family income.

Describe:

For families receiving Food and Nutrition Program Services (SNAP), a review of the information contained in NC FAST for the members of the child care case income unit is viewed and used for verification. This is documented in the case record. For families that do not receive Food and Nutrition Services, the amount of gross family income is verified by pay stubs, employer verification forms, award letters, current information from existing agency records and other source documents. This information is documented in the case record. With NC FAST, families receiving services from any program that is part of NC FAST are able to have income verified through the system.

☑ Household composition.

Describe:

The applicant's statement of family size is acceptable. Family size is documented on the Child Care Application.

☑ Applicant residence.

Describe:

At the time of application and redetermination, the family is asked for their county of residence. Family statement is accepted. No verifications are requested or required.

☐ 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:

30 days.

☐ 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: NC Division of Social Services (the Eastern Band of Cherokee Indians operate their own TANF program with separate criteria). https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-95/man/

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

"Appropriate child care":

If the parent states that he/she is unable to participate because needed child care is not available, the county department will evaluate each of the following criteria and document their findings in the case record. If the county finds that the parent's claim is valid, the sanction or loss of Work First benefits for non-compliance is not applied.

"Reasonable distance":

This does not preclude an exemption from the sanction or a loss of Work First benefits based on a shorter commute if the county considers the commute an obstacle to children's healthy development or the family's self-sufficiency goals.

"Unsuitability of informal child care":

The unsuitability of a non-licensed child care arrangement is determined on a case-by-case basis.

"Affordable child care arrangements":

When a child care subsidy is available to the family, the child care is considered affordable. If the child care provider charges parent the difference in the subsidy payment rate and the private paying rate and the parent cannot afford to pay the difference, that care does not meet the definition of affordable.

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
- [x] Other.

Describe:

CHILD CARE EXCEPTION TO A SANCTION FOR WORK-RELATED REASON APPLICABLE ONLY TO SINGLE-PARENT FAMILIES) While the lack of appropriate child care is, in general, good cause for a caretaker's failure to engage in work activities, sanctioning the single parents of children under age six for failure to engage in work activities when appropriate child care is not available is specifically prohibited. Federal regulations require agencies to inform all families of this exception. Use a DSS-8221 for this purpose. Give a copy of the form to each applicant/recipient. Go over the form, and answer any questions they have. The parent's ability to obtain childcare is determined only by the parent and the caseworker.

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

Work First Policy - Manual Section 120

https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-95/man/

## 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":

A child with special needs is one who qualifies under one or more of the criteria listed in this Paragraph: (1) a child who is determined by the Division of Public Health, Children's Developmental Service Agency, to be developmentally delayed or have an established condition pursuant to 10A NCAC 43G.0110; including subsequent amendments; or (2) a child who is determined by the local educational agency (LEA) to have a disability as defined in G.S. 115C-106.3. The agency determining eligibility for the services shall have on file an Individualized Education Program (IEP) as defined in G.S. 115C-106.3, an Individualized Family Service Plan (IFSP) as defined in 10A NCAC 27G .0903, a Section 504 Plan as defined in 29 USC794 or a Person-Centered Plan (PCP) as defined in 10A NCAC 70G .0402 to document the "special need" or "disability".

b) "Families with very low incomes":

Families whose income is less than the State's income eligibility (200% FPL for children

ages 0-5 and 133% FPL for children ages 6 and older) are considered families with very low incomes.

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

Effective Date: 10/01/2018

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

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

Describe:

DSS/LPAs will use the 4% set aside to serve vulnerable populations which includes children identified as having special needs. Counties must establish a separate waiting list for children identified as having special needs. Payment for these services is made with the vulnerable population set-aside. In addition, a local purchasing agency may supplement the provider's approved rate for additional costs incurred for a child with special needs who is enrolled in an inclusive setting. The supplement is paid from the set aside for vulnerable populations.

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

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

- [x] Other.

Describe:

Local purchasing agencies may establish priorities for serving children from the waiting list. In addition, fees are not assessed to families whose only source of income is "not countable"(as defined in child care subsidy policy); and fees are not charged for children with no income who live with someone other than a biological or adoptive parent, or with someone who does not have court-ordered financial responsibility.

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

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

Describe:

Procedures will be developed and implemented by October 2018 that allow for an initial eligibility determination to be made based on a family's statement and the family will be given 30 days to provide documentation of their income and need for care. When this occurs, the child/ren will be authorized to begin child care immediately once the parents choose a provider and the provider will receive payment for services provided even if it is found that the family is not eligible once documentation has been provided.

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:

- [ ] Prioritize for enrollment
- [ ] Serve without placing these populations on waiting lists
- [ ] Waive copayments

- [ ] Pay higher rates for access to higher-quality care
- [ ] Use grants or contracts to reserve slots for priority populations
- [x] Other.

Describe:

Redetermination can be completed by phone with a follow-up signature on the paper application that will be mailed to the family in hardship situations. Parents may also complete an application and mail it to the local purchasing agency in hardship situations. Administrative Letter #05-16 effective June 1, 2016.

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

All Departments of Social Services (DSS) and Local Purchasing Agencies (LPA) prioritize the vulnerable populations of children with special needs and children experiencing homelessness. In addition to these vulnerable populations, each DSS/LPA can establish additional populations to prioritize based on the needs of the individual county. The county's individual priorization plan is shared with and approved by the Lead Agency. Because this additional priorization is completed at the local level, this is variation as to which additional vulnerable populations are prioritized.

Effective Date: 10/01/2018

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

Each DSS/LPA is required to create prioritization policy for their agency. This policy must be submitted to the Lead Agency for approval whenever there are changes.

Effective Date: 10/01/2018

**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.

Procedures will be developed and implemented by October 2018 that allow for an initial eligibility determination to be made based on a family's statement and the family will be given 30 days to provide documentation of their income and need for care. When this occurs, the child/ren will be authorized to begin child care immediately once the parents choose a provider and the provider will receive payment for services provided even if it is found that the family is not eligible once documentation has been provided.

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

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

  DCDEE will contract with Salvation Army to develop community based outreach teams across the state. Goals of these teams will be to develop strategies to connect families to ECE services, coordinate training oppoprtunities and share data with partners.

*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: 03/18/2020

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)

All families have 30 days to submit immunization records and a medical report.

In response to the Coronavirus, DCDEE temporarily extended the requirement that the Child's Health Assessment and Child Immunization Record be included in the Child's Record within the first 30 days of enrollment. These records should be provided within 60 days through the duration of the Coronavirus crisis or for a time frame not to exceed March 18, 2021.
(10A NCAC 09 .1721(a)(1),(2) and .2318(6)

Provide the citation for this policy and procedure.

N.C. G.S. 110-7-91 (1); N.C.G.S. 130A-6-2-155 (a); Child Care Rule 10A NCAC 09.3005

Children who are in foster care.

Within 30 days of enrollment, families must submit medical and immunization records.

In response to the Coronavirus, DCDEE temporarily extended the requirement that the

Child's Health Assessment and Child Immunization Record be included in the Child's Record within the first 30 days of enrollment. These records should be provided within 60 days through the duration of the Coronavirus crisis or for a time frame not to exceed March 18, 2021.
(10A NCAC 09 .1721(a)(1),(2) and .2318(6)

Provide the citation for this policy and procedure.
N.C. G.S. 110-7-91 (1); N.C.G.S. 130A-6-2-155 (a); Child Care Rule 10A NCAC 09.3005

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)).
Within 30 days of enrollment, families must submit medical and immunization records.

In response to the Coronavirus, DCDEE temporarily extended the requirement that the Child's Health Assessment and Child Immunization Record be included in the Child's Record within the first 30 days of enrollment. These records should be provided within 60 days through the duration of the Coronavirus crisis or for a time frame not to exceed March 18, 2021.
(10A NCAC 09 .1721(a)(1),(2) and .2318(6)

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

- [ ] No.
- [x] Yes.

Describe:
Within 30 days of enrollment, families must submit medical and immunization records.

In response to the Coronavirus, DCDEE temporarily extended the requirement that the Child's Health Assessment and Child Immunization Record be included in the Child's Record within the first 30 days of enrollment. These records should be

provided within 60 days through the duration of the Coronavirus crisis or for a time frame not to exceed March 18, 2021.
(10A NCAC 09 .1721(a)(1),(2) and .2318(6)

## 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: 04/01/2020

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.

Once determined eligible, recipients must receivetwelve months of continued eligibility unless a change occurs that impacts eligibility. Income during the 12-month eligibility period shall only be compared to 85% of State Median Income (SMI). Change in income reported during the eligibility period shall be compared to the 85% SMI. If income

reported exceeds the State's limits of 133% (school-age) or 200% (birth-5yrs) of the Federal Poverty Level (FPL) but is at or below 85% of the SMI, the client's eligibility must not change and shall continue through the end of the certification period. The child care worker must re-evaluate and follow current policy regarding parent fee and level of care. Income must be re-evaluated at redetermination. If the income still exceeds 133% or 200% of the FPL and is at or below 85% of the SMI, the recipient shall receive a Graduated Phase Out of twelve months.

Due to the impact of Hurricane Florence, recipients in 31 counties that were designated by FEMA as Individual Assistance disaster counties that were due in September and October for re-certification, had their redetermination period extended until November 30, 2018.

In response to the Coronavirus pandemic, recertifications of eligibility for Subsidized Child Care Assistance due in March, April, May and June of 2020 were extended for twelve months.

In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care waiver letter approved September 28, 2020, of requirement CFR 45 CFR §98.21(a), the Division created the short-term Emergency Subsidy program for essential workers, children in families experiencing homelessness and children who are in child welfare service programs effective April 1. Executive Order 135 gave an expiration date for the NC Stay at Home order (and the essential business designation), therefore, persons were given until May 8, 5pm to apply for the Emergency Subsidy Program which ended May 31, 2020. Since the Division was not sure how long the Emergency Subsidy program would be offered or the number of children that would be enrolled, and knew the Emergency Subsidy program participants would not get a full 12 months of emergency eligibility, the Division requested a waiver of requirement CFR 45 CFR §98.21(a), in case CCDF funding would need to be used in conjunction with CARES Act funding.

The NC Division of Child Development and Early Education certifies that the health, safety and well-being of children served will not be compromised as a result of the waiver because the current licensing requirements for health and safety are still being enforced and child care programs are monitored to ensure adherence to the standards.

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

Seeking employment following a job loss, transitioning between training or education activities, job search following the 20 month post-secondary education time limit, medical/maternity leave, interruption in work for a seasonal worker between regular work seasons, student break or holiday for a parent participating in training or education, or any other interruption in work, training, or education hours that does not exceed 90 days. A temporary change does notaffect eligibility.

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

Administrative Letter #07-18

https://policies.ncdhhs.gov/divisional/child-development/child-care-subsidy-services/administrative-letters/documents/ccs_al_0718.pdf

and Administrative Letter #04-17

https://policies.ncdhhs.gov/divisional/child-development/child-care-subsidy-services/administrative-letters/documents/ccs_al_0417.pdf

### 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: 04/01/2020

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:

The Lead Agency will provide 90 days of continued child care assistance to recipients when seeking employment following a job loss, in transitions between training or education activities, during a job search following post-secondary education time limit, in medical or maternity leave, during an interruption in work for a seasonal worker between regular work seasons, for student break or holiday, for a parent participating in training or education, and any other interruption in work, training, or education hours that does not exceed 90 days. The Lead Agency would begin the 90 days of continued child care assistance after a recipient reports a non-temporary change. The lead agency has flexibility to the extent that the continuation of the service may be extended beyond 90 days, if the agency determines such extension is warranted based on the recipient's individual circumstances.

In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care waiver approved September 28, 2020, of requirement CFR 45 CFR §98.21(a), the Division created the short-term Emergency Subsidy program for essential workers, children in families experiencing homelessness and children who are in child welfare service programs effective April 1. Executive Order 135 gave an expiration date for the NC Stay at Home order (and the essential business designation), therefore, persons were given until May 8, 5pm to apply for the Emergency Subsidy Program which ended May 31, 2020. Since the Division was

not sure how long the Emergency Subsidy program would be offered or the number of children that would be enrolled, and knew the Emergency Subsidy program participants would not get a full 12 months of emergency eligibility, the Division requested a waiver of requirement CFR 45 CFR §98.21(a), in case CCDF funding would need to be used in conjunction with CARES Act funding.

The NC Division of Child Development and Early Education certifies that the health, safety and well-being of children served will not be compromised as a result of the waiver because the current licensing requirements for health and safety are still being enforced and child care programs are monitored to ensure adherence to the standards.

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

An action/change that can trigger the job search could be job loss, transitions between training and educational activities, or any other non-temporary change. The Lead Agency would begin the 90 days of continued child care assistance afte a recipient reports a non-temporary change.

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

90 days.

iv. Provide the citation for this policy or procedure.

Administrative Letter #5-16 and Administrative Letter #04-17.

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:

ii. Provide the citation for this policy or procedure:

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

Provide the citation for this policy or procedure:

Chapter 4. II. A of online policy manual

☑ 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.

Fraudulent misrepresentation when a person makes a false statement or representation regarding a material fact, or fails to disclose a material fact that results in obtaining, attempting to obtain, or continuing to receive child care subsidy funds for himself or herself or for another person. Intentional program violation, when it is proven that a recipient or a provider intentionally misrepresented or withheld information. Chapter 23. II.A.1 and 2.

**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: 11/01/2018

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:

  Families should report changesif there is an increase in income that exceeds 85% SMI; if the recipient is no longer employed, in an education setting or has any other temporary change in their need for child care; and if the recipient needs or wants to end child care services.

- [x] Changes that impact the Lead Agency's ability to contact the family.

  Describe:

  Families should report a change of address and telephone number.

- [x] Changes that impact the Lead Agency's ability to pay child care providers.

  Describe:

  Families should report a change ifa change in recipient's choice of provider is needed or wanted;

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.

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

Describe:

In-person submission should only be used to report changes, if the visit is not burdensome on the recipient.

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.

Families have the option to report any changes to the Lead Agency;such as decrease in income, changes in work or education hours and changes in household members.

As of November 1, 2018 clients have ten business days to report changes and the worker will have an additional 10 days to react to the reported change. NC FAST incorporates a total of 20 business days when aligning parent fee changes and when determining the need for an overpayment or underpayment.

ii. Provide the citation for this policy or procedure.

Citation forpolicy - Administrative Letter #06-18

https://www2.ncdhhs.gov/info/olm/manuals/dcd/ccs/adm/ccs_al_0618.pdf

### 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: 10/01/2018

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.

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

Describe:

Redetermination can be completed by phone with a follow-up signature on the paper application that will be mailed to the family in hardship situations. Parents may also complete an application and mail it to the local purchasing agency in hardship situations. Administrative Letter #05-16 effective June 1, 2016.

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

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

Describe:

## 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: 08/07/2020

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 | 10% | 10% | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

b) What is the effective date of the sliding-fee scale(s)?

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

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

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

**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: 08/10/2020

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

    Describe:

    When the child is enrolled in thhe same child care arrangement and care averages 32 or more hours per week, the full parent fee is charged. When the child is enrolled in the same child care arrangement and care averages 1 through 31 hours per week, the parent fee is multiplied by .75.

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

    Describe:

  - [x] Other.

    Describe:

    The co-payment for part-time care is 75% of the full-time co-payment. When care is received at a blended rate, the co-payment shall be 83% of the full-time co-payment.

**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.**

☐ 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.

In the newly developed Emergency Child Care Subsidy program,DCDEE considered children of essential workers per Executive Order 121 to be a vulnerable population and in need of protective services. The Program was designed to be free with no co-payments.

Chapter 5, III, E (bottom of page 14).
https://policies.ncdhhs.gov/divisional/child-development/child-care-subsidy-services/policies/documents/ccsc5.pdf

☑ 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.

Co-payments are waived when child care services are provided in conjunction with a child protective services plan to enable the child to remain in his/her own home; when services are needed to support child welfare services, for children who are receiving foster care services and for children placed with an adult other than their parents and for children with no income who reside in the home of an adult other than their parents, stepparents, or their nonparent relative caretaker. Chapter 8. II. of online policy manual.

In addition, the state waived co-pays for families impacted by Hurricane Florence in the 34 counties designated by FEMA as Individual Assistance counties. Co-payments were waived for the months of October 2018 through January 2019.

Due to the Coronavirus pandemic in 2020 and the Governor's and President's proclamation of a state of emergency, and as per waiver approved by the US Office of Child Care of 45 CFR §98.45(k) (4) on June 8, 2020, DCDEE will pay the cost of parent co-payments for all providers for April and May, 2020. Also, DCDEE will pay the cost of parent copayments for the child care subsidy program for programs that are open for the months of June, July and August, 2020. Covering the cost of copayments is determined on a month by month basis through the duration of the pandemic, but will not exceed March 1, 2021.

## 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)).**

Upon determining that a family is eligible to receive child care services and the family has chosen a provider, a child care voucher will be completed by the child care worker or the LPA, the parent, and the provider as follows: 1.The child care worker will enter all information into NC FAST. 2. The provider will be able to view the voucher in the NC FAST Provider Portal once the voucher has been issued. 3. Initially, the voucher will be listed as pending parent signature. After the parent signs the voucher, it will be pending provider signature. Once the parent signs the voucher, the LPA will acknowledge the parents' signature by indicating the action in NC FAST. The status of the voucher will then change to pending provider signature. The provider is then able to accept or reject the voucher through the NC FAST Provider Portal. This updates the status in NC FAST. The information required includes: Parent's name and address; Child's name; County case number; Eligibility period for services (this includes the beginning and ending dates of the 12-month eligibility period); Parental fee amount; Date the parental fee begins; Days and hours that care is needed; Comments (if needed); Provider name and contact information.

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

- [ ] Certificate that provides information about the choice of providers
- [ ] 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
- [x] Co-located resource and referral in eligibility offices
- [x] Verbal communication at the time of the application
- [ ] Community outreach, workshops, or other in-person activities
- [ ] Other.

Describe:

NA

### 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.

- [x] 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.

  NA

- [ ] 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:

  NA

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

  NA

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

NA

iv. The process for accessing grants or contracts:

NA

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

NA

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

NA

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

NA

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

Describe

NA

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

Describe

NA

**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)).**

Child Care Rules 10A NCAC 09 .0205 and .1710 state the parent, guardian, or custodian of a child enrolled in any child care center or family chid care home shall be allowed unlimited access to the center or home during its operating hours for the purpose of contacting the child or evaluating the facility and the care provided by the facility. The parent, guardian or custodian shall notify the on-site administrator of his or her presence immediately upon entering the premises.

**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:

    NA
  - [ ] 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:

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

    Describe:

    NA
  - [ ] Restricted to care by relatives.

    Describe:

    NA
  - [ ] Restricted to care for children with special needs or a medical condition.

    Describe:

    NA

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

Describe:

NA

☑ Other.

Describe:

Â Â Â Â When the Child Receives Care in His/Her Home [LDL1]Â It may be necessary (in some situations) to authorize payment for services for a child in his/her own home when one of the following situations exists: 1. A child is in DSS custody and resides in a licensed foster home and the foster parent operates a licensed family child care home. 2. A child is in DSS custody and is placed in the home of a relative and the relative operates a licensed family child care home. 3. A child and parent/responsible adult reside in the home with another adult household member who operates a licensed family child care home and the parent/responsible adult is not the owner or operator of the family child care home. 4. A child whose parent/responsible adult is in the Armed Forces and has selected the licensed family child care home provider to be the childÂ¿s guardian while he or she is deployed. 5. A child whose parent/responsible adult is incarcerated and has given the licensed family child care home provider custody (physical and/or legal) and/or power of attorney.

## 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:

The Market Rate Sub-Committee of the Subsidy Advisory Committee, a state-designated cross-sectional body, was involved in reviewing the 2018 Market Rate Survey before distribution, and will be involved in reviewing the survey results.

b) Local child care program administrators:

The Subsidy Advisory Committee includes child care program administrators as well as provider association leadership.

c) Local child care resource and referral agencies:

Information and updates about the MRS were shared in CCR&R statewide meetings and conferences and those groups are also represented on the Subsidy Advisory Committee

and the Market Rate Sub-Committee.

d) Organizations representing caregivers, teachers, and directors:
Information and updates about the MRS were shared in select statewide meetings, conferences and with the Child Care Commission.

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.**

The 2018 NC Child Care Market Rate study was conducted by the Center for Urban Affairs and Community Services (CUACS) at North Carolina State University for the Division of Child Development and Early Education (DCDEE). The overall purpose of the Market Rate Study is to collect data on the amount private paying parents in North Carolina pay for child care in order to recommend updated child care market rates that may be considered in setting payment rates for centers and homes providing subsidized child care.

Methodology: All child care centers and family child care homes regulated by DCDEE are included in the market rate survey except Head Start centers, Developmental Day centers, and providers that offer only part-time care for young children (ages 0-5 for less than 32 hours a week). For the 2018 survey, surveys were mailed to 6,168 regulated child care centers and family child care homes in North Carolina. Over 89% of all child care providers across the state participated in the study by completing the survey on-line, returning a printed survey form, or by responding to a telephone survey.

Results: The goal of the market rate study is to design subsidy payment rates for providers that are fair, equitable, and based upon actual fee data gathered throughout the state from the Market Rate Survey. The modeled rates produced by the analyses of data gathered

through the 2018 Market Rate Survey will meet these objectives. Providers who achieve higher levels of quality, as reflected by higher star ratings within the QRIS, and are paid a higher rate of reimbursement.

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:

A specific market rate is established for each county in the state based on market rate survey responses within that county.

b) Type of provider. Describe:

County market rates are specified for child care centers and family child care homes.

c) Age of child. Describe:

County market rates are established for infants up to children aged 13 for center and home-based care.

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

County market rates are established by star level (from NC's QRIS) and age group for center and home-based care.The age groups for centers are infant-toddler, 2-year olds, 3-5-year olds, and school age children. The age groups for home-based care are infants, 1-year olds, 2-year olds, 3-5-year old, and school age children.

**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). 06/30/2018

b) Date the report containing results was made widely available - no later than 30 days after the completion of the report. 07/31/2018

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

The 2018 Child Care Market Rate Survey report will be submitted to the NC General Assembly and posted on the Division of Child Development and Early Education web site. It will be electronically posted in the General Assembly library of received reports and shared with all members, who can then share the report with their constituents. Following the electronic posting of the report on the DCDEE web site, a blast email through Constant Contact will be sent to the approximately 10,000 members of the general purpose electronic mailing list maintained by the Division, including providers and partners and members of the general public and state education system, to alert members of that list to the completion of report and its availability. The report will also be shared with the NC Early Childhood Advisory Council, the Child Care Commission, the Birth-3rd Grade Coordinating Council, and legislative committees, as requested.

NC Child Care Market Rate Study
https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/F/FINAL_Child_Care_Market_Rate_Study_REPORT082718.pdf?ver=2018-08-28-084340-920

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

DCDEE has and will continue to consider stakeholder views and comments in the detailed Market Rate Survey report through numerous public hearing and meeting opportunities. Much of this stakeholder comment was gathered and included through the CCDF public hearing and public comment process. Four public focus groups were held across the state and one of four specific areas of comment was about child care subsidy policies, reimbursement and the market rate survey process. In addition, public comment has been requested and received at each Child Care Commission meeting and at the CCDF Public Hearing.

Throughout the course of the survey and reporting process, which began in October 2017, the Division has provided updates on the progress of the report to various public and partner groups and asked for their participation in the survey and their input about the survey tool, the response options, and the alternative methodology being utilized. The Division has worked very closely with its Subsidy Advisory Committee and that group's Market Rate Survey Subcommittee, which includes providers, county staff (local purchasing agency) representatives and multiple other partner groups to ask for their input on the survey design and analysis.

## 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: 10/01/2018

a) Infant (6 months), full-time licensed center care in the most populous geographic region
Rate $ 1050.00 per monthly Four Star center in Mecklenburg unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th percentile

b) Infant (6 months), full-time licensed FCC home in the most populous geographic region
Rate $ 762 per monthly Four Star home Mecklenburg unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th percentile

c) Toddler (18 months), full-time licensed center care in the most populous geographic region
Rate $ 1050 per monthly Four Star center Mecklenburg unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th percentile

d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region
Rate $ 751 per monthly Four Star home Mecklenburg unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th percentile

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region
Rate $ 939 per monthly Four Star center Mecklenburg unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th percentile

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region
Rate $ 710 per monthly Four Star home Mecklenburg unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th percentile.

g) School-age child (6 years), full-time licensed center care in most populous geographic region
Rate $ 614 per monthly Four Star center Mecklenburg unit of time (e.g., daily, weekly, monthly, etc.)

Percentile of most recent MRS: 64th percentile

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region
Rate $ 525 per monthly Four Star home Mecklenburg unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 69th percentile

i) Describe how part-time and full-time care were defined and calculated.

When the child is enrolled in the same child care arrangement and care averages 32 through 55 hours per week, the appropriate monthly 100% rate for full-time care is paid to the provider. When the child is enrolled in the same child care arrangement and care averages 18 through 31 hours per week, the appropriate monthly 75% rate for three-fourths care is paid to the provider. 3. When the child is enrolled in the same child care arrangement and care averages one (1) through 17 hours a week, the appropriate monthly 50% rate for half-time care is paid to the provider.

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). As of October 1, 2018 the market rates will change and reflect changes made in the 2018 legislative session.

k) Identify the most populous area of the state used to complete the responses above.

Mecklenburg

l) Provide the citation or link, if available, to the payment rates.

https://ncchildcare.ncdhhs.gov/Home/DCDEE-Sections/Subsidy-Services/Market-Rates

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: 04/01/2020

☐ Differential rate for *non-traditional hours*.

Describe:

☑ Differential rate for *children with special needs*, as defined by the state/territory.

Describe:

Rates for certified developmental day centers are established by a cost study rather than through the market rate survey. The cost study establishes a net cost determined after the program documents available revenues such as Medicaid, Early Intervention Funds, DPI payments or other. This net cost is used as the subsidy payment rate for children with special needs and typically developing children.

☐ 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:

County market rates for centers and family child care home providers increase as the star level increases (1-5).

☑ Other differential rates or tiered rates.

Describe:

Through the use of state funds, Smart Start Partnerships often provide a wide variety of rate enhancements based on needs of the community or as a means to assist families in accessing high quality care and to support providers in meeting higher standards.

In response to the Coronavirus, DCDEE created a new Emergency Subsidy Child Care program for essential workers who have no other options for child care and who have a household income below 300 percent of the federal poverty line. For more information about this program seepages 3-5 of the linked COVID-19 Child Care Payment Policies https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/COVID-19_Child_Care_Payment_Policies.pdf?ver=2020-04-16-115837-910

The subsidy rates for this program are as follows (Center Rate, then FCCH rate):
Infant 1,200 905
2 year olds 1,125 830
3-5 year olds 1,070 880
School-age (6+) 870 645

Rates were established using the state average for 75th percentile of the 2018 market rates for each age group and adding an additional $200 per child per age group.

Executive Order 135 gave an expiration date for the NC Stay at Home order (and the essential business designation). Once the Stay at Home Order was rescinded, the essential worker emergency subsidy program was no longer needed; therefore the program was terminated May 31.

☐ 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.

Child care subsidy is available to any licensed child care program which includes,Child Care Centers, Family Child Care Homes and programs operating under Compliance (Religious sponsored child care). Seventy six percent of all providers accept children receiving subsidized child care assistance. Providers are reimbursed after providing services on a monthly basis so for some providers this delayed payment may be a barrier or discouragement to participate.

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.

As of October 2018, the payment rates for all infants and toddlers and three through five-year-olds in all counties is paid at the 75th or 100th percentile of the 2015 MRS. For children birth-five in economic tier three (least economically challenged counties - 20 counties) providers are paid at the 75th percentile rate, and for children birth-five in tiers one and two (more economically challenged - 80 counties) providers are reimbursed at the 100th percentile rate. Care for school age children in tier one and two counties is reimbursed at the 75th percentile rate of the 2015 MRS.

In the 2018 market rate survey DCDEE also collected data on the cost of providing child care, in addition to the fees charged, in order to help inform an alternate methodology for establishing reimbursement rates. DCDEE will continue to seek to use the information gathered and the lessons learned from this initial effort, as well as continuing to research and gather additional information, toward an alternative methodology to further improve efforts to appropriately provide adequate reimbursement for high quality care. DCDEE hopes that information gathered and alternative market rate methodology will ensure more equitable access to high quality care across the state.

c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF.

Seventy six percent of child care programs accept child care subsidy and the vast majority of rates in the least economically challenged counties are paid at the 75th or greater percentile. Licensed programs and programs operating under a Notice of Compliance (religious-sponsored) use subsidy funds to assist in meeting licensing standards which meet the CCDF health, safety, quality and staffing requirements.

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 higher cost of higher-quality care is acknowledged in the fact that payment rates are tiered based upon the five star QRIS quality scale and programs with higher star ratings receive a higher reimbursement rate than programs with lower star ratings.All child care providers are included in a regular survey of rates and those are appropriate to the age groups served, geographic location, and number of hours the child is in care. Greater

than 75% of child care programs voluntarily participate in the subsidized child care program. This participation rate is strong indication that the tiered rates cover the cost of quality and give families a wide variety of options of care. In addition to the standard fee based market rate survey in 2018, DCDEE also surveyed providers on their cost to provide high quality care and compared the costs to the fees charged by providers. Incorporation of both data sets in the payment rates is an ongoing process for North Carolina.

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

  Family co-payments are 10% of a family's gross monthly income.

- [ ] 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.

- [ ] Other.

  Describe:

f) To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

- [ ] No
- [x] 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.

Subsidized Child Care Services ManualChapter 8 IV.B.4. "Should a parent/responsible adult choose a provider who charges more than the rate the LPA is allowed to pay, the parent/responsible adult may pay the difference between the provider's charge and the rate paid by the LPA. The parent /responsible adult may not be required to pay the difference; however, if the parent/responsible adult is unable or unwilling to pay the difference in this situation, another provider must be selected by the parent/responsible adult." There are sufficient alternative options the parents/responsible adults could select in this situation.

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.
This information is not currently collected. This information will begin to be collected in 2020.

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.
Analysis has not been completed because the information is not collected. This information will begin to be collected in 2020.

g) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers.
The payment rate for licensed centers and homes is usually determined by comparing the private paying rates to the market rate for the provider's star-rated license level.

Providers receive monthly payment via direct deposit between the 15th - 20th of the month following service provision. Payment is based on enrollment and a child can be absent for up to 10 days during a service month with full payment still being made to the provider. If a child is absent for more than 10 days, payment is based on the number of days that services were provided. When there are changes to a family's eligibility status that impact a provider's payment, providers are notified in writing of the change. Providers have the right to appeal an incorrect payment and have 60 days from when the incorrect payment was made to file an appeal. All providers enrolled in the program must sign a provider agreement annually which outlines the payment practices listed above and outlines the expectations of both the Lead Agency and the provider. These

consistent payment practices ensure limited barriers to providers participating in the program.

h) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

- [x] Geographic area.

  Describe:

  Payment rates vary by county.

- [x] Type of provider.

  Describe:

  Payment rates vary based on type of provider.

- [x] Age of child.

  Describe:

  Payment rates vary based on age of child.

- [x] Quality level.

  Describe:

  Payment rates vary based on quality level. County market rates increase as the star level increases (1-5).

- [ ] 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:

- [x] Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS.

  Describe:

  Legislation in 2017 and 2018 set payment rates for centers and home in all counties and for all age groups at the 75th percentile benchmark of the 2015

Market Rate Study. 2018 legislation set payment rates in centers and homes in tier 1 and 2 counties for children ages 0-5 years at the 100% percentile of the 2015 Market Rate Study. Changes to payment rates from 2018 legislation will be effective October 1, 2018.

☐ Based on the approved alternative methodology, payments rates ensure equal access.

Describe:

☐ Feedback from parents, including parent surveys or parental complaints.

Describe:

☐ Other.

Describe:

## 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: 04/01/2020

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.

Providers receive payment between the 15th and the 20th of the month following service provision. Payment is made via direct deposit.

To support programs during the Coronavirus, DCDEE followed theschedule in the below linked COVID-19 Child Care Payment Policies for Subsidized Child Care Payments and Emergency Child Care Subsidy Payments. The payment schedule will be evaluated throughout the coronavirus pandemic and earlier payments may continue to occur, but the duration of earlier payments will not exceed April 3, 2021.

Overview of COVID-19 Child Care Payment Schedule - See page 1.

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.

Payment is based upon enrollment with an allowance for up to 10 days of paid absences per month.

In response to the Coronavirus, for the month of March 2020, payment will be based on providers entering attendance for all subsidy children as present for all service days during the month.For the months of April through August, payments to child care providers will be based on enrollment rather than attendance consistent with the March payments for February services (as recorded in NC FAST). These payments are being made regardless of whether the provider was open or closed during the months of April and May. For the months of June, July and August, DCDEE will make Subsidized Child Care payments only to providers that are open. A differential will be paid to providers if a facility is serving more children than the number of children served in February. Changes to the DCDEE payment policy will be considered throughout the duration of the coronavirus pandemic, but not to exceed one year.

In the Emergency Subsidy Program, starting April 1 and ending May 31, providers were paid the full reimbursement rate for the month for each child enrolled unless the child was absent from the facility more than ten service days in a month. If a child's absences exceeded ten days during a service month, the provider will be paid for the actual days that care was provided using a daily rate. To calculate the daily rate, divide the reimbursement rate by 21.67 then multiply that by the number of days the child attended.

☐ 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.

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).

Payments are based upon enrollment with an allowance for up to 10 days of paid absences per month. Payment rates for part time care are available, as well as, full time payment, if part time care is not available (Subsidized Child Care Assistance Administrative letter #03-18). Full time payment for part-time care is only available if there is noavailable part-time care for the child or the available care would not meet the needs of the child. The time increments for part-time/full-time care are as follows (Subsidized Child Care Assistance Administrative letter #01-18):
50% 1-17 hours; 75% 18-31 hours; 100% 32-55 hours; 150% 56-72 hours; 175% 73-86 hours; 200% 87-110 hours

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

Current statute does not allow the state to reimburse for mandatory registration fees.Reasonable registration fees would be determined by the provider and the recipient.

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 Child Care Provider Agreement must be signed by all child care providers to be enrolled in the Subsidized Child Care Program. This Child Care Provider Agreement is required initially and annually, thereafter, when child care services are approved to be provided in a child care arrangement and the payment for care is made to the provider by the State. The Child Care Provider Agreement informs the provider of the requirements for participation in the Subsidized Child Care Assistance (SCCA) program and the policies for payment.

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:

A Child Care Action Notice is mailed to providers whenever there are changes to a family's eligibility status that could impact payments.

f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

Providers have sixty days to appeal inaccurate payments.

g) Other. Describe:

NA

In response to the Coronavirus,DCDEE will make Subsidized Child Care Program payments to ALL subsidized child care providers for March, April, and May service months, regardless of whether the facility is open or closed. The payment for March will be based on providers entering attendance for all subsidy children as present for all service days during the month of March. The payment amount for April and May will be consistent with the March payments for February services for all providers (as recorded in NC FAST). However, if the February service month payment is still higher, no additional payment will be issued. For June, July, and August 2020, payment will be made only to providers that are open. For April through August, the school-age children were calculated at the full-time rate, unless the child was attending afterschool. Future payments for school-age care will be evaluated on a month to month basis. Depending on the funding available, DCDEE plans to differentiate the payment depending on the

amount of time children are in care. For more information see the COVID-19 Child Care Payment Policies https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/COVID-19_Child_Care_Payment_Policies.pdf?ver=2020-04-16-115837-910

**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.
- [ ] In licensed child care centers.
- [x] Other.

Child Care Resource and Referral and Smart Start agencies collect data on and from child care programs including enrollment, capacity, availability, hours and types of

care provided, and routinely share that information with the state and families. DCDEE also works with specifically focused partner agencies to identify areas where capacity and supply may be limited and where families have different and varying needs that may or may not be met by the available child care community. DCDEE sponsors several quality enhancement contracts and has also been able to increase the amount of funds in child care subsidy services, which all help to address child care shortages and enhance parental access and choice.

**4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.**

Effective Date: 10/01/2018

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:

Child Care Resource and Referral, Smart Start Partnerships, licensing and others provide targeted and varied technical assistance to improve the quality of child care programs across the state. The local purchasing agency also provides technical assistance to programs related to Subsidy requirements which if followed could potentially increase the supply of Subsidized Child Care across the state.

☐ Recruitment of providers.

Describe:

☑ Tiered payment rates (as discussed in 4.3.2).

Describe:

DCDEE does have tiered payment rates. Effective October 1, 2018, all tiers will be receiving payment rates at least at the 75th percentile of the 2015 Market Rate Survey. Effective October 1, 2018 market rates for children ages 0-5 years in three-, four-, and five-star-rated child care centers and homes in Tier 1 and Tier 2 counties will be increased to the one hundredth percentile as reported in the 2015 Child Care Market Rate Study. The legislature will consider in future years using tiers again to implement the 2018 Market Rate Survey rates. Programs in tier one and two counties in the past have been the first to access the higher rates. Upon implementation of the rates in the 2018 Market Rate Survey, providers who achieve higher levels of quality as reflected by higher star-ratings within the QRIS will be paid at a higher rate of reimbursement.

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

Describe:

☐ Accreditation supports.

Describe:

☑ Child Care Health Consultation.

Describe:

DCDEE is funding regional infant/toddler Child Care Health Consultants in economically stressed counties.

☐ Mental Health Consultation.

Describe:

☐ Other.

Describe:

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:

- [ ] Family child care networks.

  Describe:

- [ ] Start-up funding.

  Describe:

- [x] Technical assistance support.

  Describe:

  In a recent RFA process related to increasing the quality of infant toddler care, a project was included which provides technical assistance for infants and toddler teachers to improve teacher interactions in early literacy. Other projects will have a technical assistance component, including one which will build the capacity for trauma informed infant and toddler care, and another, which will address food insecurity, nutrition/physical activity and health concerns related to infants and toddlers. Lastly wage supplements will be provided to infant and toddler teachers with degrees which will support continuity of care in these classrooms for highly educated staff.

- [ ] Recruitment of providers.

  Describe:

- [x] Tiered payment rates (as discussed in 4.3.2) .

  Describe:

  As of October 2017, market rates for all infants and toddlers in the state were increased to the rates recommended from the 2015 Market Rate Study, which are based on 75th percentile of surveyed rates. Effective October 1, 2018 market rates for children ages 0-5 years in three-, four-, and five-star-rated child care centers

and homes in Tier 1 and Tier 2 counties will be increased to the one hundredth percentile as reported in the 2015 Child Care Market Rate Study.

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

Describe:

☐ Accreditation supports.

Describe:

☑ Child Care Health Consultation.

Describe:

Child Care Health Consultation includes trainings and technical assistance related to infants and toddlers. CCHCs offer, "Infant Toddler Safe Sleep and SIDS Reduction in Child Care" which is required by NC Child Care Rule for all who work in the infant room and the administrator.

☑ Mental Health Consultation.

Describe:

The Infant and Early Childhood Mental Health Consultation Project, still in its research and planning phase, is a collaboration between DCDEE and Substance Abuse and Mental Health Services Administration (SAMHSA)'s Center of Excellence for Infant and Mental Health Consultation (IECMHC). The purpose of this project is to advance North Carolina's IECMHC system, strengthen and create new partnerships between service providing agencies, and to further service delivery.

☑ Other.

Describe:

As of October 2017, market rates for all infants and toddlers in the state were increased to the rates recommended from the 2015 Market Rate Study, which are based on 75th percentile of surveyed rates. Effective October 1, 2018 market rates for children ages 0-5 years in three-, four-, and five-star-rated child care centers and homes in Tier 1 and Tier 2 counties will be increased to the one hundredth

percentile as reported in the 2015 Child Care Market Rate Study.

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:

- [x] Technical assistance support.

  Describe:

  Child Care Resource and Referral offers varied technical assistance topics, including supports for children with disabilities.

- [ ] 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:

Child Care Health Consultants provide technical assistance to programs related to children with special health care needs, including diabilities. They will assist programs with implementing individual service plans and medical action plans. They will also assist programs with adaptation considerations.

☐ Mental Health Consultation.

Describe:

☑ Other.

Describe:

Local supplemental payments for programs serving children with special needs are available.

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:

DCDEE quality efforts and supports are availableto non-traditional hour care programs as well as traditional hour care programs. Two of these efforts include compensation supplements for teachers and on-site technical assistance and coaching.

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:

Technicalassistance support is provided for homeless families on available subsidized services and community resources.

☐ 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?

The DCDEE uses the North Carolina Department of Commerce annual tier designations to identify counties with significant concentrations of poverty and unemployment. County tiers are calculated using four factors: 1) Average unemployment rate, 2) Median Household income, 3) Percentage growth in population, and 4) Adjusted property tax base per capita.

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

Higher market rates are set for North Carolina's most economically distressed counties to incentivize programs to enroll in subsidy.

An introductory training, Serving Young Children Experiencing Homelessness, has been created to help providers identify families who are homeless and help direct these individuals to services. Future trainings on this or related topics are under consideration. A county by county listing of community resources for the homeless is in a toolbox which is included on the Serving Young Children Experiencing Homelessness training site. These listings can also be accessed on the Division's website. https://www.dcdee.moodle.nc.gov/course/view.phpid=65 Click on My Courses, Early Childhood Professional Development, Child Care Development Fund, then Homelessness.

As a result of the additional funds for infants and toddlers, a project will be implemented in 2018-19 offering infant toddler child care health consultation services for economically distressed counties. The activities will include health and safety assessments, child care health consultation, training, and technical assistance. A particular focus will be given to identifying and targeting children with special health care needs, medication needs or

disabilities for CCHC support. Trainings provided will include topics such as infant toddler safe sleep training, nutrition, developmentally appropriate activities, infant toddler teacher interactions, medication administration and primary caregiving.

## 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:

NC General Statute 110-86(2) defines child care as a program or arrangement where three or more children less than 13 years old, who do not reside where the care is provided, receive care on a regular basis of at least once per week for more than four hours but less than 24 hours per day from persons other than their guardians or full-time custodians, or from persons not related to them by birth, marriage, or adoption.

☑ Family child care.

Describe and Provide the citation:

NC General Statute 110-86(2) defines child care as a program or arrangement where three or more children less than 13 years old, who do not reside where the care is

provided, receive care on a regular basis of at least once per week for more than four hours but less than 24 hours per day from persons other than their guardians or full-time custodians, or from persons not related to them by birth, marriage, or adoption.

☑ In-home care (care in the child's own home).

Describe and provide the citation (if applicable):

NC General Statute 110-86(2) defines child care as a program or arrangement where three or more children less than 13 years old, who do not reside where the care is provided, receive care on a regular basis of at least once per week for more than four hours but less than 24 hours per day from persons other than their guardians or full-time custodians, or from persons not related to them by birth, marriage, or adoption. Though child care in a child's home is not required to be licensed, it can be licensed. The same rules that apply to a Family Child Care Home would apply to an in-home child care arrangement.

**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.

All providers meeting the NC definition of child care must be regulated and monitored and meet applicable health and safety standards, at a minimum.

**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.

☐ Family child care.

If checked, describe the exemptions.

☐ In-home care.

If checked, describe the exemptions.

## 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):

"Infant" means any child from birth through 12 months of age.

-- Ratio:

1/5

-- Group size:

10

-- Teacher/caregiver qualifications:

At a minimum, all lead teachers in a child care center must have at least a North Carolina Early Childhood Credential or its equivalent. Lead teachers must be enrolled in the North Carolina Early Childhood Credential coursework or its equivalent within six months after becoming employed as a lead teacher and shall complete the credential or its equivalent within 18 months after enrollment. A lead teacher must be at least 18 years of age, have a high school diploma or its equivalent, and have at least one of the following: (1) One year of verifiable child care experience working in a child care center or two years of verifiable experience as a licensed family child care home operator; or (2) Successful completion of a two year high school program of Early Childhood Education in Family and Consumer Sciences Education; or (3) Twenty hours of training in child development, which could include the North Carolina Early Childhood Credential coursework. If the individual is considered a teacher (also known as the assistant teacher) they must be at least 18 and have a high school diploma. Subsidy eligible providers at 3 -5 stars must employ lead teachers with higher educational attainment up to an AAS in Early Childhood or higher.

2. Toddler

-- How does the State/territory define toddler (age range):

"Toddler" means any child ages 13 months to 3 years of age.

-- Ratio:

12 to 24 months 1/6, 2 to 3 years 1/10

-- Group size:

12 to 24 months 12; 2 to 3 years 20

-- Teacher/caregiver qualifications:

At a minimum, all lead teachers in a child care center must have at least a North Carolina Early Childhood Credential or its equivalent. Lead teachers must be enrolled in the North Carolina Early Childhood Credential coursework or its equivalent within six months after becoming employed as a lead teacher and shall

complete the credential or its equivalent within 18 months after enrollment. A lead teacher must be at least 18 years of age, have a high school diploma or its equivalent, and have at least one of the following: (1) One year of verifiable child care experience working in a child care center or two years of verifiable experience as a licensed family child care home operator; or (2) Successful completion of a two year high school program of Early Childhood Education in Family and Consumer Sciences Education; or (3) Twenty hours of training in child development, which could include the North Carolina Early Childhood Credential coursework. If the individual is considered a teacher (also known as the assistant teacher) they must be at least 18 and have a high school diploma. Subsidy eligible providers at 3 -5 stars must employ lead teachers with higher educational attainment up to an AAS in Early Childhood or higher.

3. Preschool

-- How does the State/territory define preschool (age range):

"Preschooler" or "preschool-age child" means any child who is at least three years of age and does not fit the definition of school-age child.

-- Ratio:

1/15 for preschoolers ages 3-4 years

-- Group size:

25

-- Teacher/caregiver qualifications:

At a minimum, all lead teachers in a child care center must have at least a North Carolina Early Childhood Credential or its equivalent. Lead teachers must be enrolled in the North Carolina Early Childhood Credential coursework or its equivalent within six months after becoming employed as a lead teacher and shall complete the credential or its equivalent within 18 months after enrollment. A lead teacher must be at least 18 years of age, have a high school diploma or its equivalent, and have at least one of the following: (1) One year of verifiable child care experience working in a child care center or two years of verifiable experience as a licensed family child care home operator; or (2) Successful completion of a

two year high school program of Early Childhood Education in Family and Consumer Sciences Education; or (3) Twenty hours of training in child development, which could include the North Carolina Early Childhood Credential coursework. If the individual is considered a teacher (also known as the assistant teacher) they must be at least 18 and have a high school diploma. Subsidy eligible providers at 3 -5 stars must employ lead teachers with higher educational attainment up to an AAS in Early Childhood or higher.

4. School-age

-- How does the State/territory define school-age (age range):

"School-age child" means any child who is attending or who has attended a public or private grade school or kindergarten and meets age requirements as specified in N.C.G.S. § 115C-364.

-- Ratio:

1/25

-- Group size:

25

-- Teacher/caregiver qualifications:

At least one individual who is responsible for planning and ensuring the implementation of daily activities for a school-age program (program coordinator) shall: (1) Be at least 18 years old and have a high school diploma or its equivalent prior to employment; (2) Have completed two semester credit hours in child and youth development and two semester credit hours in school-age programming. Each individual who does not meet this requirement shall enroll in coursework within six months after becoming employed and shall complete this coursework within 18 months of enrollment. An individual who meets the staff requirements for administrator or lead teacher shall be considered as meeting the requirements for program coordinator, provided the individual completes Basic School-Age Care (BSAC) training, or its equivalent; and (3) In a part day program be on site when children are in care. For a full day program, the program coordinator must be on site for two thirds of the hours of operation. This includes times when the individual

is off site due to illness or vacation. Staff who are responsible for supervising groups of school-age children (group leaders) shall be at least 18 years of age and have a high school diploma or its equivalent prior to employment, and shall complete the BSAC training, or its equivalent. If the individual is considered an assistant group leader they must be at least 18 and have a high school diploma.

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers

Religious sponsored programs are exempt from child care center and family child care home staff qualification requirements; however they are not exempt from the ratio and group size requirements. An administrator of a religious sponsored child care center must be literate and at least 21 years of age. All staff counted toward meeting the required staff/child ratio must be at least 16 years old, provided that persons younger than 18 work under the direct supervision of a literate staff person who is at least 21 years old. Persons operating religious sponsored child care homes must be 18 years old and literate. N.C.G.S. §7-110-106(e)

6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups.

In a child care center, for multi-age group situations the staff/child ratio for the youngest child in the group shall be maintained for the entire group. Children younger than two years old may be cared for in groups with older children for the first and last operating hour of the day, provided the staff/child ratio for the youngest child in the group is maintained. A child two years of age and older may be placed with children under one year of age when a physician certifies that the developmental age of the child makes this placement appropriate. When determined to be developmentally appropriate by the operator and parent, a child age two or older may be placed one age level above his or her chronological age without affecting the staff/child ratio for that group. This provision shall be limited to one child per group. Children under one year of age shall be kept separate from children two years of age and over. The staff/child ratios for a center located in a residence with a licensed capacity of 3 to 12 children when any preschool-age child is enrolled, or with a licensed capacity of 3 to 15 children when only school-age children are enrolled, are as follows: Age of Children Ratio Staff/Children 0 to 12 Months 1/5 preschool children plus three additional school-age children; 12 to 24 Months 1/6 preschool children plus two

additional school-age children; 2 to 13 Years 1/10; 3 to 13 Years 1/12; All school-age 1/15.

7. Describe the director qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care.

Each child care center shall have a child care administrator who shall be responsible for monitoring the program and overseeing administrative duties of the center. This requirement may be met by having one or more persons on site who meet the requirements for a child care administrator as set forth in G.S. 110-91(8) and according to the licensed capacity of the center. The child care administrator shall be on-site for a specific amount of time per week based on the center's licensed capacity. (20-40 hours weekly on-site hours) Education and Experience Requirements: All must be at least 21 [110-91(8)] - If individual doesn't have NC Early Childhood Administrator Credential, or equivalent, then must have have school diploma, two years experience in early childhood or 12 semester hours in early childhood and one year administrative experience or completion of administrative coursework. Must complete the Administrator Credential in-service based on the timeframe specified in General Statute 110-91(8). In addition to the above, administrators of school-age programs must have prior to employment at least: 400 hours of experience working with school-age children in a licensed child care program; (B) 600 hours of verifiable experience working with school-age children in an unlicensed school-age care or camp setting; or (C) have an undergraduate, graduate, or associate degree, with at least 12 semester hours in school-age care related coursework. Subsidy eligible providers at 3 -5 stars must employ directors with higher educational attainment up to Bachelor's degree in Early Childhood or higher.

b) Licensed CCDF family child care provider

1. Infant

-- How does the State/territory define infant (age range):

"Infant" means any child from birth through 12 months of age.

-- Ratio:

Family Child Care Homes can be licensed to care for children ages 0-12 years. The

ratio is 1/8 (up to 5 preschool age children and 3 school age children at one time). The family child care home operator's own preschool age children does count in the ratio.

-- Group size:

The group size is 8 (up to 5 preschool age children and 3 school age children at one time). The family child care home operator's own preschool age children does count in the ratio.

-- Teacher/caregiver qualifications:

An operator of a licensed family child care home shall be at least 21 years old and have a high school diploma or its equivalent. Operators of a family child care home licensed prior to January 1, 1998, shall be at least 18 years of age and literate. Literate is defined as understanding licensing requirements and having the ability to communicate with the family and relevant emergency personnel. Any operator of a licensed family child care home shall be the person on-site providing child care. Subsidy eligible family child care home providers at 3 -5 stars must have higher educational attainment up to an AAS in Early Childhood or higher.

2. Toddler

-- How does the State/territory define toddler (age range):

"Toddler" means any child ages 13 months to 3 years of age.

-- Ratio:

Family Child Care Homes can be licensed to care for children ages 0-12 years. The ratio is 1/8 (up to 5 preschool age children and 3 school age children at one time). The family child care home operator's own preschool age children do count in the ratio.

-- Group size:

The group size is 8 (up to 5 preschool age children and 3 school age children at one time). The family child care home operators own preschool age children does count in the ratio.

-- Teacher/caregiver qualifications:

An operator of a licensed family child care home shall be at least 21 years old and have a high school diploma or its equivalent. Operators of a family child care home licensed prior to January 1, 1998, shall be at least 18 years of age and literate. Literate is defined as understanding licensing requirements and having the ability to communicate with the family and relevant emergency personnel. Any operator of a licensed family child care home shall be the person on-site providing child care. Subsidy eligible family child care home providers at 3 -5 stars must have higher educational attainment up to an AAS in Early Childhood or higher.

3. Preschool

-- How does the State/territory define preschool (age range):

"Preschooler" or "preschool-age child" means any child who is at least three years of age and does not fit the definition of school-age child.

-- Ratio:

Family Child Care Homes can be licensed to care for children ages 0-12 years. The ratio is 1/8 (up to 5 preschool age children and 3 school age children at one time). The family child care home operator's own preschool age children do count in the ratio.

-- Group size:

The group size is 8 (up to 5 preschool age children and 3 school age children at one time). The family child care home operators own preschool age children does count in the ratio.

-- Teacher/caregiver qualifications:

An operator of a licensed family child care home shall be at least 21 years old and have a high school diploma or its equivalent. Operators of a family child care home licensed prior to January 1, 1998, shall be at least 18 years of age and literate. Literate is defined as understanding licensing requirements and having the ability to communicate with the family and relevant emergency personnel. Any operator of a licensed family child care home shall be the person on-site providing child care. Subsidy eligible family child care home providers at 3 -5 stars must have higher

educational attainment up to an AAS in Early Childhood or higher.

4. School-age

-- How does the State/territory define school-age (age range):

"School-age child" means any child who is attending or who has attended a public or private grade school or kindergarten and meets age requirements as specified in G.S. 115C-364.

-- Ratio:

Family Child Care Homes can be licensed to care for children ages 0-12 years. The ratio is 1/8 (up to 5 preschool age children and 3 school age children at one time). The family child care home operator's own preschool age children do count in the ratio.

-- Group size:

The group size is 8 (up to 5 preschool age children and 3 school age children at one time). The family child care home operators own preschool age children does count in the ratio.

-- Teacher/caregiver qualifications:

An operator of a licensed family child care home shall be at least 21 years old and have a high school diploma or its equivalent. Operators of a family child care home licensed prior to January 1, 1998, shall be at least 18 years of age and literate. Literate is defined as understanding licensing requirements and having the ability to communicate with the family and relevant emergency personnel. Any operator of a licensed family child care home shall be the person on-site providing child care. Subsidy eligible family child care home providers at 3 -5 stars must have higher educational attainment up to an AAS in Early Childhood or higher.

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes

NA

c) In-home CCDF providers:

1. Describe the ratios

Family Child Care Homes and in-home CCDF providers can be licensed to care for children ages 0-12 years. The ratio is 1/8 (up to 5 preschool age children and 3 school age children at one time). Thein-home operator's own preschool age children does count in the ratio.

2. Describe the group size

The group size is 8 (up to 5 preschool age children and 3 school age children at one time). Thein-home operator's own preschool age children does count in the ratio.

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

8 enrolled children. The Child Care Rules do not limit the number of additional children who are not enrolled that can be on site.

4. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size

Related children five and under are counted in the child-to-provider ratio or group size. General Statute 110-91(7)(b).

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

Of the children present at any one time in a family child care home/in-home child care arrangement, no more than five children can be preschool-aged (0-5), including the operator's own preschool-age children. General Statute 110-91(7)(b)

## 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: 03/18/2020

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.)

   The child care requirements include rules related to infectious and contagious diseases and when children need to be excluded from child care. If a child care provider chooses to provide care to mildly ill children, there are specific child care requirements that must be followed. Child care centers and family child care homes are required to have child and staff health assessments that must be completed on the first day of enrollment or within 30 days of enrollment, including required immunizations.

   Rules related to infectious and contagious diseases and exclusion requirements:
   10A NCAC 09.0804
   (a) Centers may provide care for a mildly ill infant or child older than two months who has a Fahrenheit temperature less than 101 degrees and for infants younger than two months who have a Fahrenheit temperature of less than 100.4 by any method including axillary or orally, so long as the child does not have any of the following:
   (1) more than two stools above the child's normal pattern and diarrhea is not contained by a diaper or when toilet-trained children are having accidents;
   (2) two or more episodes of vomiting within a 12 hour period;
   (3) lice, until completion of first treatment;
   (4) scabies;

(5) chicken pox or a rash suggestive of chicken pox;
(6) tuberculosis, until a health professional provides a written statement that the child is not infectious;
(7) strep throat, until 12 hours after antibiotic treatment has started and no fever is present;
(8) pertussis, until five days after treatment has started;
(9) hepatitis A virus infection, until one week after onset of illness or jaundice;
(10) impetigo, until 24 hours after treatment has started;
(11) a physician's or other health professional's written order that the child be separated from other children; or
(12) exclusion for symptoms not included in this list shall be required if the symptoms prevent the child from participating comfortably in activities as determined by staff members of the program or the symptoms result in a need for care that is greater than the staff members can provide without compromising the health and safety of other children.
(b) Centers that choose to provide care for mildly ill children shall:
(1) follow all procedures to prevent the spread of communicable diseases described in 15A NCAC 18A .2800, "Sanitation of Child Care Centers", as adopted by the Commission for Public Health;
(2) separate from the other children any child who becomes ill while in care or who is suspected of having a communicable disease or condition other than as described in Paragraph (a) of this Rule until the child leaves the center;
(3) notify all parents at enrollment that the center will be providing care for mildly ill children;
(4) notify the parent of any child who becomes ill or who is suspected of being ill with a communicable condition other than as described in Paragraph (a) of this Rule that the child is ill and shall leave the center;
(5) notify the parent of any mildly ill child in care if the child's condition worsens while the child is in care.

The Regulatory Services Section advises programs to use the Communicable Diseases and Exclusion from Child Care chart created by the NC Child Care Health and Safety Resource Center, UNC, Chapel Hill to determine when children can return to child care once excluded. The chart can be found on the Division's web page under Provider/Provider Documents and Forms. This chart is not required by rule, so

programs can also use professional judgement for child's return beyond the exclusion requirement in rule.

Rules Governing the Sanitation of Child Care Centers adopted by the Commission of Public Health must also be followed in child care programs. These rules include requirements and procedures for handwashing for both children and staff; procedures for diapering; procedures and or requirements for cleaning, sanitizing and/or disinfecting surfaces, equipment, utensils, and toys. In child care centers, adequate space must be provided for the storage of equipment, furniture, toys, clothes, linens, backpacks, book bags, diaper bags, beds, cots, mats, and supplies and must be kept clean. Shelving or other storage areas must be provided and constructed in a manner to facilitate cleaning. Soiled laundry must be handled and stored separately from clean laundry using separate cleanable containers. Individual cubicles, lockers, or coat hooks shall be provided for storage of coats, hats, or similar items. Coat hooks not in individual cubicles or lockers, shall be spaced at least 12 horizontal inches apart. Combs must be labeled and stored individually. Toothbrushes must be individually identified, allowed to air dry and protected from contamination. When a container of toothpaste is used for multiple children, the toothpaste must be dispensed onto an intermediate surface such as waxed paper.

Family Child Care Home and In-Home providers follow the Child Care rules related to prevention and control of communicable diseases and immunizations. A supply of clean linens must be on hand so that linens can be changed whenever they become soiled or wet. Linens must be changed weekly or whenever they become soiled or wet; A separate area that can be supervised for children who become ill to the extent that they can no longer participate in group activities. Parents shall be notified if their child becomes too sick to remain in care; keep all areas used by the children, both indoors and outdoors, clean and orderly and free of items that are potentially hazardous to children. The same exclusion requirememts listed above for centers apply to Family Child Care Home and In-Home child care operators. FCCH and In-Home operators have sanitation requirements in the Child Care Rules which address, prevention and control of infectious diseases (including immunization). Some of these include:
To assure the health of children through proper sanitation, the family child care home operator (operator) shall: (1) collect and submit samples of water from each well used

for the children's water supply for bacteriological analysis to the local health department or a laboratory certified to analyze drinking water for public water supplies by the North Carolina Division of Laboratory Services every two years. Results of the analysis shall be on file in the home; (2) wash his or her hands prior to caring for children each day; (3) ensure that each child's hands are washed upon arrival at the home each day; (4) have sanitary toilet, diaper changing and hand washing facilities as follows: (A) diaper changing areas shall be separate from food preparation areas; (B) toileting areas shall have toilet tissue available at all times; (C) all toilet fixtures shall be cleanable and in good repair; (D) handwashing areas shall have soap and paper towels or other drying devices available at all times; (E) diapering surfaces shall be smooth, intact, nonabsorbent and cleanable; and (F) potty chairs and diapering surfaces shall be cleaned after each use. (5) use sanitary diapering procedures. Diapers shall be changed whenever they become soiled or wet. The operator shall: (A) gather all supplies before placing a child on the diapering surface; (B) wash his or her hands before, as well as after, diapering each child; (C) ensure the child's hands are washed after diapering the child; and (D) place soiled diapers in a covered, leak proof container which is emptied and cleaned daily; (6) use sanitary procedures when preparing and serving food. The operator shall: (A) wash his or her hands before and after handling food and feeding the children; and (B) ensure the child's hands are washed before and after the child is fed; (7) wash his or her hands, and ensure the child's hands are washed, after toileting or handling bodily fluids; (8) handwashing procedures shall include: (A) using liquid soap and water; (B) rubbing hands vigorously with soap and water for 15 seconds; (C) washing all surfaces of the hands, to include the backs of hands, palms, wrists, under fingernails and between fingers; (D) rinsing well for 10 seconds; (E) drying hands with a paper towel or other hand drying device; and (F) turning off faucet with a paper towel or other method without recontaminating hands;...The operator must provide assistance to each child to ensure proper hygiene (toileting), as needed. (d) The operator shall ensure that clean clothes are available in the event that a child's clothes become wet or soiled.

In response to the Coronavirus, DCDEE temporarily extended the requirement that the Child's Health Assessment and Child Immunization Record be included in the Child's Record within the first 30 days of enrollment. These records should be provided within 60 days through the duration of the Coronavirus crisis or for a time frame not to exceed March 10, 2021.

(10A NCAC 09 .1721(a)(1),(2) and .2318(6)

-- List all citations for these requirements, including those for licensed and license-exempt programs

GS 110-91(1), 10A NCAC 09 .0302, 10A NCAC 09 .0304, 10A NCAC 09 .0701, 10A NCAC 09 .0703, 10A NCAC 09 .0801, 10A NCAC 09 .0804, 10A NCAC 09 .0806, 10A NCAC 09 .1702, 10A NCAC 09 .1703, 10A NCAC 09 .1718, 10A NCAC 09 .1720, 10A NCAC 09 .1721, 10A NCAC 09 .1725

15A NCAC 18A .2800 Sanitation of Child Care Centers

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

The child care requirements include rules related to infectious and contagious diseases and when children need to be excluded from child care. If a child care provider chooses to provide care to mildly ill children, there are specific child care requirements that must be followed. Child care centers, family child care homes and in-home care providers are required to have child and staff health assessments that must be completed on the first day of enrollment or within 30 days of enrollment, including required immunizations.

Rules in Centers related to infectious and contagious diseases and exclusion requirements:

10A NCAC 09.0804

(a) Centers may provide care for a mildly ill infant or child older than two months who has a Fahrenheit temperature less than 101 degrees and for infants younger than two months who have a Fahrenheit temperature of less than 100.4 by any method including axillary or orally, so long as the child does not have any of the following:

(1) more than two stools above the child's normal pattern and diarrhea is not contained by a diaper or when toilet-trained children are having accidents;

(2) two or more episodes of vomiting within a 12 hour period;

(3) lice, until completion of first treatment;

(4) scabies;

(5) chicken pox or a rash suggestive of chicken pox;

(6) tuberculosis, until a health professional provides a written statement that the child

is not infectious;
(7) strep throat, until 12 hours after antibiotic treatment has started and no fever is present;
(8) pertussis, until five days after treatment has started;
(9) hepatitis A virus infection, until one week after onset of illness or jaundice;
(10) impetigo, until 24 hours after treatment has started;
(11) a physician's or other health professional's written order that the child be separated from other children; or
(12) exclusion for symptoms not included in this list shall be required if the symptoms prevent the child from participating comfortably in activities as determined by staff members of the program or the symptoms result in a need for care that is greater than the staff members can provide without compromising the health and safety of other children.
(b) Centers that choose to provide care for mildly ill children shall:
(1) follow all procedures to prevent the spread of communicable diseases described in 15A NCAC 18A .2800, "Sanitation of Child Care Centers", as adopted by the Commission for Public Health;
(2) separate from the other children any child who becomes ill while in care or who is suspected of having a communicable disease or condition other than as described in Paragraph (a) of this Rule until the child leaves the center;
(3) notify all parents at enrollment that the center will be providing care for mildly ill children;
(4) notify the parent of any child who becomes ill or who is suspected of being ill with a communicable condition other than as described in Paragraph (a) of this Rule that the child is ill and shall leave the center;
(5) notify the parent of any mildly ill child in care if the child's condition worsens while the child is in care.

The Regulatory Services Section advises programs in centers, family child care homes and in-home child care to use the Communicable Diseases and Exclusion from Child Care chart created by the NC Child Care Health and Safety Resource Center, UNC, Chapel Hill to determine when children can return to child care once excluded. The chart can be found on the Division's web page under Provider/Provider Documents and Forms. This chart is not required by rule, so programs can also use professional judgement for child's return beyond what is in rule.

Rules Governing the Sanitation of Child Care Centers adopted by the Commission of Public Health must be followed in child care centers. These include requirements and procedures for handwashing for both children and staff; procedures for diapering; procedures and or requirements for cleaning, sanitizing and/or disinfecting surfaces, equipment, utensils, and toys. In child care centers, adequate space must be provided for the storage of equipment, furniture, toys, clothes, linens, backpacks, book bags, diaper bags, beds, cots, mats, and supplies and must be kept clean. Shelving or other storage areas must be provided and constructed in a manner to facilitate cleaning. Soiled laundry must be handled and stored separately from clean laundry using separate cleanable containers. Individual cubicles, lockers, or coat hooks shall be provided for storage of coats, hats, or similar items. Coat hooks not in individual cubicles or lockers, shall be spaced at least 12 horizontal inches apart. Combs must be labeled and stored individually. Toothbrushes must be individually identified, allowed to air dry and protected from contamination. When a container of toothpaste is used for multiple children, the toothpaste must be dispensed onto an intermediate surface such as waxed paper.

Family child care home and in-home providers follow the Child Care Rules related to prevention and control of communicable diseases and immunizations. A supply of clean linens must be on hand so that linens can be changed whenever they become soiled or wet. Linens shall be changed weekly or whenever they become soiled or wet; A separate area that can be supervised pursuant to 10A NCAC 09 .1720(a) for children who become ill to the extent that they can no longer participate in group activities. Parents shall be notified if their child becomes too sick to remain in care; keep all areas used by the children, both indoors and outdoors, clean and orderly and free of items that are potentially hazardous to children. The same exclusion requirememts listed above for centers apply to Family Child Care Home and In-Home child care operators. FCCH and In-Home operators have sanitation requirements in the Child Care Rules which address, prevention and control of infectious diseases (including immunization). Some of these include:
To assure the health of children through proper sanitation, the family child care home operator (operator) must: (1) collect and submit samples of water from each well used for the children's water supply for bacteriological analysis to the local health department or a laboratory certified to analyze drinking water for public water supplies

by the North Carolina Division of Laboratory Services every two years. Results of the analysis shall be on file in the home; (2) wash his or her hands prior to caring for children each day; (3) ensure that each child's hands are washed upon arrival at the home each day; (4) have sanitary toilet, diaper changing and hand washing facilities as follows: (A) diaper changing areas shall be separate from food preparation areas; (B) toileting areas shall have toilet tissue available at all times; (C) all toilet fixtures shall be cleanable and in good repair; (D) handwashing areas shall have soap and paper towels or other drying devices available at all times; (E) diapering surfaces shall be smooth, intact, nonabsorbent and cleanable; and (F) potty chairs and diapering surfaces shall be cleaned after each use. (5) use sanitary diapering procedures. Diapers shall be changed whenever they become soiled or wet. The operator shall: (A) gather all supplies before placing a child on the diapering surface; (B) wash his or her hands before, as well as after, diapering each child; (C) ensure the child's hands are washed after diapering the child; and (D) place soiled diapers in a covered, leak proof container which is emptied and cleaned daily; (6) use sanitary procedures when preparing and serving food. The operator shall: (A) wash his or her hands before and after handling food and feeding the children; and (B) ensure the child's hands are washed before and after the child is fed; (7) wash his or her hands, and ensure the child's hands are washed, after toileting or handling bodily fluids; (8) handwashing procedures shall include: (A) using liquid soap and water; (B) rubbing hands vigorously with soap and water for 15 seconds; (C) washing all surfaces of the hands, to include the backs of hands, palms, wrists, under fingernails and between fingers; (D) rinsing well for 10 seconds; (E) drying hands with a paper towel or other hand drying device; and (F) turning off faucet with a paper towel or other method without recontaminating hands;...The operator must provide assistance to each child to ensure proper hygiene (toileting), as needed. (d) The operator shall ensure that clean clothes are available in the event that a child's clothes become wet or soiled.

-- Describe any variations based on the age of the children in care

There are no variations by age of children in care except as it relates to temperature limits prior to exclusion. Centers may provide care for a mildly ill infant or child older than two months who has a Fahrenheit temperature less than 101 degrees and for infants younger than two months who have a Fahrenheit temperature of less than 100.4 by any method including axillary or orally, so long as the child does not have the exclusion symptoms listed in rule.

-- Describe if relatives are exempt from this requirement

Relative care providers are not exempt from the given requirements.

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.)

Any child care facility licensed to care for infants aged 12 months and younger are required by law to place an infant on their back to sleep. In addition, the facility must develop and adopt safe sleep policies that must be shared with parents. There are allowances for an infant to sleep in an alternate position, but a waiver from a health care professional or parent must be completed and maintained on file.

-- List all citations for these requirements, including those for licensed and license-exempt providers

GS 110-91(15), 10A NCAC 09 .0606 and 10A NCAC 09 .1724.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

In a family child care home and in in-home child care, the operator shall not be required to visually supervise but must be able to respond without delay. The provider must be on the same level of the home where children are sleeping or napping and the door to the sleep or nap room must be open.

-- Describe any variations based on the age of the children in care

The standard applies to all CCDF providers. There are no variations by age of children in care.

-- Describe if relatives are exempt from this requirement

Relative care providers are not exempt from the given requirements.

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.)

A child care facility must have written permission from a parent to administer prescription, over-the-counter, non-prescription medications, topical, non-medical ointment, repellant, lotion, etc. to a child. The person administering the medication must document specific information related to what medication was given, dosage, and time given. It is also unlawful to willfully administer any medication, without written authorization. A violation of this law is a Class A1 misdemeanor. In the event of medication given in error, there are specific requirements to follow.

The permission to administer over-the-counter medications is valid for up to 30 days at a time. Over-the-counter medications shall not be administered on an "as needed" basis...

When questions arise concerning whether any medication should be administered to a child, the caregiver may decline to administer that medication without signed, written dosage instructions from a licensed physician or authorized health professional. A standing authorization for up to six months to administer prescription or over-the-counter medication may be given. A parent may give a caregiver standing authorization for up to 12 months to apply over-the-counter, topical ointments, topical teething ointment or gel, insect

repellents, lotions, creams, fluoridated toothpaste, and powders, such as sunscreen, diapering creams, baby lotion, and baby powder, to a child, when needed. A parent may give a caregiver standing authorization to administer a single weight-appropriate dose of acetaminophen to a child in the event the child has a fever and a parent cannot be reached. A parent may give a caregiver standing authorization to administer an over-the-counter medication as directed by the North Carolina State Health Director or designee, when there is a public health emergency as identified by the North Carolina State Health Director or designee. A caregiver may administer medication to a child without parental authorization in the event of an emergency medical condition when the child's parent is unavailable, and providing the medication is administered with the authorization and in accordance with instructions from a bona fide medical care provider. A parent may withdraw written authorization for the administration of medications at any time in writing. Any medication remaining after the course of treatment is completed, after authorization is withdrawn or after authorization has expired shall be returned to the child's parents. Any medication the

parent fails to retrieve within 72 hours of completion of treatment, or withdrawal of authorization, must be discarded. Any time prescription or over-the-counter medication is administered by center personnel to children receiving care, the following information shall be recorded:
the child's name;
the date the medication was given;
the time the medication was given;
the amount and the type of medication given; and
the name and signature of the person administering the medication.
This information shall be noted on a medication permission slip, or on a separate form developed by the provider which includes the required information. This information shall be available for review by a representative of the Division during the time period the medication is being administered and for six months after the medication is administered. Procedures are given in rule to follow, if medication is given in error.

-- List all citations for these requirements, including those for licensed and license-exempt providers
GS 110-102.1A, 10A NCAC 09 .0302, 10A NCAC 09 .0304, 10A NCAC 09 .0803, and 10A NCAC 09 .1720.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).
The standard applies to all CCDF providers. There are no variations by category of care.

-- Describe any variations based on the age of the children in care
There are no variationsbased on the age of the children in care.

-- Describe if relatives are exempt from this requirement
Relative care providers are not exempt from the given requirements.

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.)

Each child care facility must provide orientation to new employees within the first six weeks of hire related toprevention of and response to emergencies due to food and allergic reactions. When a child enrolls at a facility, the application must include any health care needs or concerns, symptoms of and the type of response required for these health care needs. For any child with health care needs such as allergies, asthma, and other chronic conditions that require specialized health services, a medical action plan must be completed by the child's parent or health care professional and attached to the child's application for enrollment. Children's food allergies must be posted in the food preparation area and in the child's eating area. The facility is also required to have an emergency medical care plan.

-- List all citations for these requirements, including those for licensed and license-exempt providers

10A NCAC 09 .0801, 10A NCAC 09 .0802, 10A NCAC 09 .0901, 10A NCAC 09 .1101, 10A NCAC 09 .1706, 10A NCAC 09 .1713, 10A NCAC 09 .1729

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

The standard applies to all CCDF providers. There are no variations by category of care.

-- Describe any variations based on the age of the children in care

There are no variations byage of children in care.

-- Describe if relatives are exempt from this requirement

Relative care providers are not exempt from the given requirements.

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 facility must be located in an area free from conditions considered to be hazardous. Child care centers are required to meet building codes and complete annual training in

fire prevention and safe evacuation procedures. In a child care center, the outdoor play area is required to be fenced and indoor/outdoor equipment and furnishings must be in good repair and free from hazards. In a child care center, at least one staff member must complete training in playground safety. Monthly playground safety inspections must be completed. There are additional requirements related to the outdoor learning environment. There are specific safety requirements for child care centers and family child care homes related to prohibiting access to electrical appliances, cords, outlets, gas tanks, air conditioning units, toxic plants, access to water, activities involving water, and other hazardous items. Transportation standards include loading/unloading out of flow of traffic to protect from traffic hazards. There are specific requirements related to activities involving water, which includes, ensuring a pool located on the premises to be enclosed by a fence that is at least four feet high.

-- List all citations for these requirements, including those for licensed and license-exempt providers

GS 110-91(3), GS 110-91(4), GS 110-91(5), GS 110-91(6), 10A NCAC 09 .0302, 10A NCAC 09 .0304, 10A NCAC 09 .0600, 10A NCAC 09 .0605, 10A NCAC 09 .1403, 10A NCAC 09 .1719, 10A NCAC 09 .1730, 10A NCAC 09 .1723

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Child Care centers are required to get building, fire, and sanitation inspections which are completed by appropriate city, county, or state staff depending on the type of inspection required. Family child care homes/in-home care providers are required to complete building, fire, and sanitation inspections through their DCDEE Child Care Consultant as a part of their annual monitoring visit. They also may be required to complete additional inspections based on local zoning ordinances. Family child care home/in-home operators must check the outdoor play area daily for debris. Family child care home/in-home operators are not required to have a fenced in outdoor play area. There are other family child care home requirements in 10A NCAC 09 .1719 promoting heathy and safe indoor and outdoor environments.

-- Describe any variations based on the age of the children in care

There are no variations based on the ages of children in care to building and physical premises requirements.

-- Describe if relatives are exempt from this requirement

Relative care providers are not exempt from the given requirements.

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.)

Child care centers and family child care homes licensed to care for children up to 5 years of age must develop and adopt policies to prevent shaken baby syndrome and abusive head trauma prior to licensure. The child care rules outline specific information that must be contained in the policy. The policy must be given and explained to newly enrolled parents on or before the first day the child receives care at the facility. The facility must give and explain the policy to staff members who provide care for children up to five years of age. Documentation acknowledging receipt of the policy is required for parents and staff members. Each child care facility must attend to children in a nurturing and appropriate manner, and in keeping with the child's developmental needs. Children must be adequately supervised at all times and staff must interact with children in positive ways by helping them to feel welcome and comfortable, treating them with respect, listening to what they say, responding to them acceptance and appreciation, and participating in activities with the children. No child shall be subjected to any form of corporal punishment. Each child care facility is required to develop discipline policies and share with parents.

-- List all citations for these requirements, including those for licensed and license-exempt providers

GS 110-91(10), Section .1800, 10A NCAC 09 .0608, .1711, .1722, .1726, .1727, .2506

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

The standard applies to all CCDF providers. There are no variations by category of care.

-- Describe any variations based on the age of the children in care

The standard applies to all CCDF providers. There are no variations based on the ages of children in care.

-- Describe if relatives are exempt from this requirement

Relative care providers are not exempt from the given requirements.

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.)

Child care centers and family child care homes are required to develop an Emergency Preparedness and Response Plan. This is a written plan that addresses how a facility will respond to both natural and man-made disasters, such as fire, tornado, flood, power failures, bomb threats, nuclear disasters, dangerous person in the vicinity, etc., to ensure the safety and protection of the children and staff. There is specific information that must be included in the plan, including specific considerations for non-mobile children and children with special needs; a description of how children's nutritional and health needs will be met and the location of a Ready to Go file which includes medication authorizations and instructions, and any action plans for children with special health care needs.

Staff must review the plan annually. Shelter in place or lockdown drills must be completed quarterly. Fire drills must be completed monthly. The Emergency Preparedness and Response Plan is part of the State Emergency Management, which includes all state agencies.

-- List all citations for these requirements, including those for licensed and license-exempt providers

10A NCAC 09 .0302, 10A NCAC 09 .0607, 10A NCAC 09 .1714, and 10A NCAC 09 .1721

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

The standard applies to all CCDF providers. There are no variations by category of care.

-- Describe any variations based on the age of the children in care

The standard applies to all CCDF providers. There are no variations based on the age of the childrenin care.

-- Describe if relatives are exempt from this requirement

Relative care providers are not exempt from the given requirements.

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.)

Child care centers and family child care operators must ensure potential bio-contaminants are stored in locked areas, or removed from the premises, or otherwise inaccessible to children, or disposed of in a covered, plastic-lined receptacle. A bio-contaminant is defined as blood, bodily fluids, or excretions that may spread infectious disease.

-- List all citations for these requirements, including those for licensed and license-exempt providers

10A NCAC 09 .0102, 10A NCAC 09 .0604, 10A NCAC 09 .1719, 10A NCAC 2506

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

The standard applies to all CCDF providers. School-age children in centers are

allowed to use certain hazardous items with adult supervision.

-- Describe any variations based on the age of the children in care

School age children in child care centers are allowed to use potentially hazardous items, such as archery equipment, hand and power tools, nails, chemicals, or propane stoves when adult supervision is provided.

-- Describe if relatives are exempt from this requirement

Relative care providers are not exempt from the given requirements.

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.)

Transportation standards are included in the child care requirements for child care centers and family child care homes. The requirements include standards such as: Seat and child safety seats - must be restrained with an individual seat belt or child safety seat appropriate to the child's age or weight Safe vehicles - vehicles must be free of hazards, comply with federal and state transportation laws, and vehicle must be insured for liability. Safe procedures - establish procedures for pick-up and delivery of children, first aid kit and fire extinguisher must be on the vehicle, identifying information for each child must be on the vehicle, parents must give written permission to transport, two-way communication devices are available, and driver qualifications, and never leave children in a vehicle unattended by an adult. Staff/child ratios - depending on ages of children being transported. Off premise activities - written permission, take list of children to check attendance, and post schedule.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Section .1000 and 10A NCAC 09 .1723

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Thetransportation standards apply to all CCDF providers; except Family Child Care Homes/In-home child cares do not have the following standards which are required for

Centers: Children under three may not participate in off premise activities that involve children being transported in a motor vehicle.

When children aged two years and older are being transported, the staff/child ratios required for compliance with child care center rules as set forth in Rule .0713 of the North Carolina Child Care Rules shall apply.

When three or more children under the age of two years are being transported, the staff/child ratio requirements for child care centers set forth in Rule .0713 of the North Carolina Child Care Rules for children under age two shall be maintained. When less than three children under the age of two years are being transported, the staff/child ratio requirements for child care centers set forth in Rule .0713 for children under age two shall be maintained.

-- Describe any variations based on the age of the children in care

In a child care center, children under three may not participate in off premise activities that involve children being transported in a motor vehicle. This is waived to implement any child's Individualized Family Service Plan or Individualized Education Program.

When children aged two years and older are being transported, the staff/child ratios required for compliance with child care center rules as set forth in Rule .0713 of the North Carolina Child Care Rules shall apply.

When three or more children under the age of two years are being transported, the staff/child ratio requirements for child care centers set forth in Rule .0713 of the North Carolina Child Care Rules for children under age two shall be maintained. When less than three children under the age of two years are being transported, the staff/child ratio requirements for child care centers set forth in Rule .0713 for children under age two shall be maintained.

-- Describe if relatives are exempt from this requirement

Relative care providers are not exempt from the given requirements.

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.)

All staff who provide direct care on site,or accompany children when they are off premises, must successfully complete certification in First Aid and CPR appropriate for the ages of children in care.

-- List all citations for these requirements, including those for licensed and license-exempt providers

10A NCAC 09 .1102 and 10A NCAC 09 .1702

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

The standard applies to all CCDF providers. There are no variations based onthe category of care.

-- Describe any variations based on the age of the children in care

There are no variations based onthe ages of children in care.

-- Describe if relatives are exempt from this requirement

Relative care providers are not exempt from the given requirements.

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.)

The Child Care Law outlines the duty to report child maltreatment and the authority to investigate instances of child maltreatment in child care facilities. Child care administrators, family child care home operators, and all staff members must complete Recognizing and Responding to Suspicions of Child Maltreatment training within 90 days of employment. In addition, the reporting law requires that suspicion of child maltreatment by parents be reported to the local Department of Social Services.

-- List all citations for these requirements, including those for licensed and license-exempt providers

GS 110-105.3, GS 110-105.4, GS 110-105.5, GS 110-105.6, 10A NCAC 09 .1102 and 10A NCAC 09 .1703

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

The standard applies to all CCDF providers. There are no variations based onthe category of care.

-- Describe any variations based on the age of the children in care

There are no variations based onthe age of children in care.

-- Describe if relatives are exempt from this requirement

Relative care providers are not exempt from the given requirements.

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.)

Child care centers and family child care homes must provide meals and snacks to children that comply with the Meal Patterns for Children in Child Care Programs from the U.S. Department of Agriculture. There are specific requirements related to handling and preparing foods. Food that does not meet the nutritional requirements such as cupcakes and donuts can only be served for special occasions. Staff must role model appropriate eating behaviors by consuming only food or beverages that meet the nutritional requirements. Parents must be allowed to provide breast milk. Accommodations for breastfeeding mothers must be provided that include seating and an electrical outlet in a place other than a bathroom that is shielded from view by staff and the public. A parent or health care professional of each child under 15 months of

age must provide an individual written feeding plan.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Section .0900, 10A NCAC 09 .1706

--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.

Some allowed beverages are specified by age. "The child care provider shall serve only the following beverages: (1) breast milk, as specified in Paragraph (k) of this Rule; (2) formula; (3) water; (4) unflavored whole milk, for children ages 12-23 months; (5) unflavored skim or lowfat milk for children 24 months through five years; (6) unflavored skim milk, unflavored low-fat milk, or flavored skim milk for children six years and older; or (7) 100 percent fruit juice, limited to 6 ounces per day, for all ages. Some requirements in addition to the feeding plan and breastfeeding friendly child care requirements are specified just for infants. These include: Each infant shall be held for bottle feeding until able to hold his or her own bottle. Bottles shall not be propped. Each child shall be held or placed in feeding chairs or other age-appropriate seating apparatus to be fed. The feeding chair or other seating apparatus shall be disassembled for cleaning purposes. (c) Infants shall not be served juice in a bottle without a prescription or written statement on file from a health care professional or licensed dietitian/nutritionist. Hours meals and snacks are provided are designated by age.

--Describe if relatives are exempt from this requirement

NA

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.)

For each group of children in care, the activity plan must include activities intended to

stimulate the five domains of learning from NC Foundations for Early Learning and Development, which includes health and physical development. Children are required to go outside daily, if weather conditions permit. Based on the age of children and total hours in care, children are required to go outside for a specific amount of time from 30-60 minutes daily. The schedule must include blocks of time assigned to types of activities, including periods of time for active play. The activity plan must include a daily gross motor activity that may occur indoors or outdoors. Developmentally appropriate equipment and materials must be provided for a variety of outdoor activities that allow for active play and large muscle development. Screen time is prohibited for children under three years of age. If screen time is offered it must stimulate a developmental domain, limited to 30 minutes per day and no more than 2 and a half hours per week per child, and is documented on a cumulative log or activity plan. Screen time may be extended for school age children for school assigned homework.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Section .0500, 10A NCAC 09 .1718, 10A NCAC 09 .2508

-Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

A family child care home/in-home must include a daily gross motor activity that may occur indoors or outdoors on their activity plans in addition to the minimally required activities to promote health and physical development.

-- Describe any variations based on the age of the children in care.

For children under three, a gross motor activity in addition to the minimally required activities to promote health and physical development must be included on the activity plans; children under 2 years old are required to have a minimum of 30 minutes outside time daily while children two and older are required to have a minimum of 60 minutes of outdoor time. For child care centers participating in the NC Pre-Kindergarten Program, classrooms serving NC Pre-K children shall provide outdoor time for no less than 45 minutes per day when weather conditions permit.

--Describe if relatives are exempt from this requirement

NA

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.)

For non-ambulatory children, a crib or other device must be available for evacuation in emergency situations. In the required emergency preparedness and response plan, must provide a description of how children's nutritional and health care needs will be met. Provide developmentally appropriate activities for each child to promote the child's physical, emotional, intellectual and social development. Specific requirements are in place for centers offering Developmental Day Services. A Developmental Day Center offers specialized developmental day services to children who are diagnosed with developmental delays or developmental disabilities, or have been diagnosed with a physical or mental condition which has a high probability of resulting in a developmental delay.

-- List all citations for these requirements, including those for licensed and license-exempt providers

10A NCAC 09 Rule .0508, 10A NCAC 09 .0509, 10A NCAC 09 .0510, 10A NCAC 09 .0511, 10A NCAC 09 .0604, 10A NCAC 09 .0607, 10A NCAC 09 .1714, 10A NCAC 09 .1718 and Section .2900

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

The rules outlined in Section .2900 only apply to child care centers operating as a Developmental Day Center.

-- Describe any variations based on the age of the children in care.

Developmental Day services shall be available for preschool children for a minimum of 8 hours per day, 5 days per week, Monday through Friday, and 12 months per year except in certain circumstances listed in rule. Teacher qualifications in Developmental Day programs vary by age: Each center serving children ages birth to three years shall have: (1) one staff who holds a NC Birth-through-Kindergarten (B-K) Continuing

or Initial License issued by the North Carolina Department of Public Instruction; (2) a NC Provisional Preschool Add-on License issued by the North Carolina Department of Public Instruction; or (3) a NC Lateral Entry B-K License issued by the North Carolina Department of Public Instruction. This staff shall provide program oversight and supervision for any caregivers in classrooms with children ages birth to three years. (b) In accordance with G.S. 115C-84.2(a)(1), during the 185 day school year (as defined by the State Board of Education), each child aged three-years-old and older on or before the initial school entry date specified in G.S. 115C-364 (school entry date) shall be served in a classroom with at least one lead teacher who holds a B-K Standard Professional I licensure or provisional licensure in B-K, or Preschool Add-on licensure issued from the Department of Public Instruction. Children who turn three-years-old after the school entry date who are identified as a child with a disability as evidenced by an Individualized Education Program (IEP), shall be served in a classroom by a teacher who holds a NC B-K Continuing or Initial License; or a NC Provisional Preschool Add-on License; or a NC Lateral Entry B-K License. For centers operating for 12 months as specified by Rule .2902(a) of this Section, during the two additional months of operation each group of preschool children shall have at least one lead teacher with a minimum of an A.A.S. degree in early childhood education or child development, or an A.A.S. degree in any major with 12 semester hours in early childhood education or child development. (f) For centers operating for 10 months as specified by Rule .2902(a) of this Section, during the 10-month school year, (as defined by the State Board of Education), each group of school-age children shall have at least one teacher who holds State certification as a Special Education Teacher. For centers operating for 12 months as specified by Rule .2902(a) of this Section, during the two additional months of operation each group of school-age children shall have at least one teacher who has completed at least two semester hours of school-age care related coursework and has completed or is enrolled in at least two additional semester hours of school-age related coursework.

--Describe if relatives are exempt from this requirement

NA

4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

Activity planning.

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

For each group of children in care, the activity plan must include activities intended to stimulate the five domains of learning from NC Foundations for Early Learning and Development, which includes emotional and social development, health and physical development, approaches to learning and play, language development and communication, and cognitive development.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Section .0500, 10A NCAC 09 .1718

--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.

Each child under the age of 12 months shall be given supervised tummy time positioned on his or her stomach while awake and alert each day. Screen time, including television, videos, video games, and computer usage, shall be prohibited for children under three years of age. Screen time is limited to thirty minutes per day for children three years and older. When screen time is provided it must: be offered to stimulate a developmental domain in accordance with the North Carolina Foundations for Early Learning and Development; limited to 30 minutes per day and no more than a total of two and a half hours per week, per child; and documented on a cumulative log or the activity plan that shall be available for review by the Division.

--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: 03/10/2020

#### 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:

The minimum number of orientation training hours on health and safety topic areas includes: Sixteen (16) hours of on-site orientation within the first six weeks of employment, four to six (4-6) hours of First Aid and CPR training certification within ninety (90) days of employment, two (2) hours of Infant/Toddler Safe Sleep and SIDS Risk Reduction Training (ITS-SIDS) within two (2) months of employment and child care administrators have up to ninety (90) days of employment to complete ITS-SIDS training, two (2) hours of Recognizing and Responding to Suspicions of Child Maltreatment within ninety (90) days of employment. This averages about twenty-six (26) hours of orientation for child care center staff. In addition, potential child care center operators must complete a 2-day pre-licensing workshop (ten clock hours) prior to licensure.

Safe sleep rules for infants 12 months and younger are shared not only in Rules Review meetings prior to licensure, but also in the state standardized training on the topic. The Child Care Rules outline basic guidance for the safe sleep policies

programs must write.

**10A NCAC 09 .0606 SAFE SLEEP PRACTICES**

(a) Each center licensed to care for infants aged 12 months or younger shall develop, adopt, and comply with a written safe sleep policy that:

(1) specifies that caregivers shall place infants aged 12 months or younger on their backs for sleeping, unless:

(A) for an infant aged six months or less, the center receives a written waiver of this requirement from a health care professional; or

(B) for an infant older than six months, the center receives a written waiver of this requirement from a health care professional, or a parent or a legal guardian;

(2) specifies no pillows, wedges or other positioners, pillow-like toys, blankets, toys, bumper pads, quilts, sheepskins, loose bedding, towels and washcloths, or other objects may be placed with a sleeping infant aged 12 months or younger;

(3) specifies that children shall not be swaddled;

(4) specifies that nothing shall be placed over the head or face of an infant aged 12 months or younger when the infant is laid down to sleep;

(5) specifies that the temperature in the room where infants aged 12 months or younger are sleeping does not exceed 75° F;

(6) specifies that caregivers shall visually check, in person, sleeping infants aged 12 months or younger at least every 15 minutes;

(7) specifies how caregivers shall document compliance with visually checking on sleeping infants aged 12 months or younger;

(8) specifies that pacifiers that attach to infant clothing shall not be used with sleeping infants;

(9) specifies that infants aged 12 months or younger sleep alone in a crib, bassinet, mat, or cot;

(10) specifies that infants aged 12 months or younger are prohibited from sleeping in sitting devices, including car safety seats, strollers, swings, and infant carriers.

Effective June 1, 2018 25

Infants that fall asleep in sitting devices shall be moved to a crib, bassinet, mat, or cot; and

(11) specifies any other steps the center shall take to provide a safe sleep environment for infants aged 12 months or younger.

(b) The center shall post a copy of its safe sleep policy about infant safe sleep practices in the infant room where it can be easily seen by parents and caregivers.

(c) A copy of the center's safe sleep policy shall be given and explained to the parents of an infant aged 12 months or younger on or before the first day the infant attends the center. The parent shall sign a statement acknowledging the receipt and explanation of the policy. The acknowledgement shall contain:

(1) the infant's name;

(2) the date the infant first attended the center;

(3) the date the center's safe sleep policy was given and explained to the parent; and

(4) the date the parent signed the acknowledgement.

The center shall retain the acknowledgement in the child's record as long as the child is enrolled at the center.

(d) If a center amends its safe sleep policy, it shall give written notice of the amendment to the parents of all enrolled infants aged 12 months or younger at least 14 days before the amended policy is implemented. Each parent shall sign a statement acknowledging the receipt and explanation of the amendment. The center shall retain the acknowledgement in the child's record as long as the child is enrolled at the center.

(e) A caregiver shall place a child age 12 months or younger on the child's back for sleeping, unless for a child age 6 months or younger, the operator obtains a written waiver from a health care professional; or for a child older than 6 months, the operator obtains a written waiver from a health care professional or parent. Waivers shall include the following:

(1) the infant's name and birth date;

(2) the signature and date of the infant's health care professional or parent;

(3) if a wedge is needed specify why it is needed and how it is to be used; and

(4) the infant's authorized sleep positions.

The center shall retain the waiver in the child's record as long as the child is enrolled at the center.

(f) For each infant with a waiver on file at the center as specified in Paragraph (e) of this Rule, a notice shall be posted for quick reference near the infant's crib, bassinet, play pen, cot or mat that shall include:

(1) the infant's name;

(2) the infant's authorized sleep position; and

(3) the location of the signed waiver.

No confidential medical information, including an infant's medical diagnosis, shall be shown on the notice.

(g) Documents that verify staff member's compliance with visual checks on infants shall be maintained for a minimum of one month.
(h) A bed, crib, or cot, equipped with a firm waterproof mattress at least four inches thick and a fitted sheet shall be provided for each child who remains in the center after midnight. The top of bunk beds shall be used by school-age children only.

Safe sleep practice requirements for 1 year-old children to twelve-year-old children would also be shared with providers prior to licensure during rules review meetings.

In response to the 2020 Coronavirus pandemic, and as per US Office of Child Care waiver approved April 21, 2020, of requirement CFR 45 CFR §98.44 (b)(1), North Carolina is extending the time frame from three months to six months for providers and administrators to complete the CPR, First Aid and ITS-SIDS orientation health and safety standards training. This change is allowed through the duration of the Coronavirus crisis or for a time frame not to exceed March 10, 2021 **as long as one child care provider who has completed the CPR, First Aid training is present while children are in care, and as long as one child care provider in the infant room who has completed the ITS-SIDS training is present while infants are in care . (**10A NCAC 09 .1102)

2. Licensed FCC homes:

The minimum number of preservice training hours on health and safety topic areas includes: Four to six (4-6) hours of First Aid and CPR training certification, and two (2) hours of Infant/Toddler Safe Sleep and SIDS Risk Reduction Training (ITS-SIDS) prior to licensure if licensed to care for infants up to 12 months.
Safe sleep rules for infants 12 months and younger are shared not only in Rules Review meetings prior to licensure, but also in the state standardized training on the topic. The Child Care Rules outline basic guidance for the safe sleep policies programs must write.

**10A NCAC 09 .1724 SAFE SLEEP PRACTICES**

(a) Each operator licensed to care for infants aged 12 months or younger shall develop, adopt, and comply with a written safe sleep policy that:
(1) specifies that the operator shall place infants aged 12 months or younger on their

backs for sleeping, unless: Effective June 1, 2018 94
(A) for an infant aged six months or less, the operator receives a written waiver of this requirement from a health care professional; or
(B) for an infant older than six months, the operator receives a written waiver of this requirement from a health care professional, or a parent or a legal guardian;
(2) specifies that infants aged 12 months or younger shall be placed in a crib, bassinet or play pen with a firm padded surface when sleeping;
(3) specifies no pillows, wedges or other positioners, pillow-like toys, blankets, toys, bumper pads, quilts, sheepskins, loose bedding, towels and washcloths, or other objects may be placed in a crib with a sleeping infant aged 12 months or younger;
(4) specifies that children shall not be swaddled;
(5) specifies that nothing shall be placed over the head or face of an infant aged 12 months or younger when the infant is laid down to sleep;
(6) specifies that the temperature in the room where infants aged 12 months or younger are sleeping does not exceed 75°F;
(7) specifies the operator shall visually check sleeping infants aged 12 months or younger at least every 15 minutes;
(8) specifies how the operator shall document compliance with visually checking on sleeping infants aged 12 months or younger;
(9) specifies that pacifiers that attach to infant clothing shall not be used with sleeping infants;
(10) specifies that infants aged 12 months or younger sleep alone in a crib, bassinet, mat, or cot;
(11) specifies that infants aged 12 months or younger shall be prohibited from sleeping in sitting devices, including car safety seats, strollers, swings, and infant carriers. Infants that fall asleep in sitting devices shall be moved to a crib, bassinet, mat, or cot; and
(12) specifies any other steps the operator shall take to provide a safe sleep environment for infants aged 12 months or younger.
(b) The operator shall post a copy of the safe sleep policy and poster about safe sleep practices in the infant room where it can be easily seen by parents and caregivers.
(c) A copy of the operator's safe sleep policy shall be given and explained to the parents of an infant aged 12 months or younger on or before the first day the infant attends the home. The parent shall sign a statement acknowledging the receipt and explanation of the policy. The acknowledgement shall contain:

(1) the infant's name;
(2) the date the infant first attended the home;
(3) the date the operator's safe sleep policy was given and explained to the parent; and
(4) the date the parent signed the acknowledgement.
The operator shall retain the acknowledgement in the child's record as long as the child is enrolled at the home.
(d) If an operator amends a home's safe sleep policy, the operator shall give written notice of the amendment to the parents of all enrolled infants aged 12 months or younger at least 14 days before the amended policy is implemented. Each parent shall sign a statement acknowledging the receipt and explanation of the amendment. The operator shall retain the acknowledgement in the child's record as long as the child is enrolled at the home. Effective June 1, 2018 95
(e) The operator shall place a child aged 12 months or younger on the child's back for sleeping, unless for a child aged 6 months or younger, the operator obtains a written waiver from a health care professional; or for a child older than 6 months, the operator obtains a written waiver from a health care professional or parent. Waivers shall include the following:
(1) the infant's name and birth date;
(2) be signed and dated by the infant's health care professional or parent;
(3) if a wedge is needed, specify why it is needed and how it should be used; and
(4) the infant's authorized sleep positions.
The operator shall retain the waiver in the child's record as long as the child is enrolled at the home.
(f) Documents that verify staff member's compliance with visual checks on infants shall be maintained for a minimum of one month.
(g) For each infant with a waiver on file at the home as specified in Paragraph (e) of this Rule, a notice shall be posted for quick reference near the infant's crib, bassinet, play pen, or mat that shall include:
(1) the infant's name;
(2) the infant's authorized sleep position; and
(3) the location of the signed waiver.
No confidential medical information, including an infant's medical diagnosis, shall be shown on the notice.

For children older than 12 months, providers are instructed on safe sleep practice requirments prior to opening the program during rules review.
.1718(a)(3) (a) The family child care home operator (operator or operators) shall provide the following on a daily basis for all children in care: A safe sleep environment by ensuring that when a child is sleeping or napping, bedding or other objects shall not be placed in a manner that covers the child's face...

This averages about six (6) hours of preservice training for a family child care home operator. Any additional caregivers, including substitutes and volunteers, must complete sixteen (16) hours of preservice training prior to assuming caregiving responsibilities. The minimum number of orientation training in health and safety topics include: two hours of Recognizing and Responding to Suspicions of Child Maltreatment within 90 days of employment. In addition, potential family child care home operators must complete a 1-day pre-licensing workshop (5 clock hours) prior to licensure.

3. In-home care:

The minimum number of preservice training hours on health and safety topic areas includes: Four to six (4-6) hours of First Aid and CPR training certification, and two (2) hours of Infant/Toddler Safe Sleep and SIDS Risk Reduction Training (ITS-SIDS) prior to licensure if licensed to care for infants up to 12 months. Safe sleep rules for infants 12 months and younger are shared not only in Rules Review meetings prior to licensure, but also in the state standardized training on the topic.
The Child Care Rules outline basic guidance for the safe sleep policies programs must write.

**10A NCAC 09 .1724 SAFE SLEEP PRACTICES**

(a) Each operator licensed to care for infants aged 12 months or younger shall develop, adopt, and comply with a written safe sleep policy that:
(1) specifies that the operator shall place infants aged 12 months or younger on their backs for sleeping, unless: Effective June 1, 2018 94
(A) for an infant aged six months or less, the operator receives a written waiver of this requirement from a health care professional; or
(B) for an infant older than six months, the operator receives a written waiver of this requirement from a health care professional, or a parent or a legal guardian;

(2) specifies that infants aged 12 months or younger shall be placed in a crib, bassinet or play pen with a firm padded surface when sleeping;
(3) specifies no pillows, wedges or other positioners, pillow-like toys, blankets, toys, bumper pads, quilts, sheepskins, loose bedding, towels and washcloths, or other objects may be placed in a crib with a sleeping infant aged 12 months or younger;
(4) specifies that children shall not be swaddled;
(5) specifies that nothing shall be placed over the head or face of an infant aged 12 months or younger when the infant is laid down to sleep;
(6) specifies that the temperature in the room where infants aged 12 months or younger are sleeping does not exceed 75°F;
(7) specifies the operator shall visually check sleeping infants aged 12 months or younger at least every 15 minutes;
(8) specifies how the operator shall document compliance with visually checking on sleeping infants aged 12 months or younger;
(9) specifies that pacifiers that attach to infant clothing shall not be used with sleeping infants;
(10) specifies that infants aged 12 months or younger sleep alone in a crib, bassinet, mat, or cot;
(11) specifies that infants aged 12 months or younger shall be prohibited from sleeping in sitting devices, including car safety seats, strollers, swings, and infant carriers. Infants that fall asleep in sitting devices shall be moved to a crib, bassinet, mat, or cot; and
(12) specifies any other steps the operator shall take to provide a safe sleep environment for infants aged 12 months or younger.
(b) The operator shall post a copy of the safe sleep policy and poster about safe sleep practices in the infant room where it can be easily seen by parents and caregivers.
(c) A copy of the operator's safe sleep policy shall be given and explained to the parents of an infant aged 12 months or younger on or before the first day the infant attends the home. The parent shall sign a statement acknowledging the receipt and explanation of the policy. The acknowledgement shall contain:
(1) the infant's name;
(2) the date the infant first attended the home;
(3) the date the operator's safe sleep policy was given and explained to the parent; and
(4) the date the parent signed the acknowledgement.

The operator shall retain the acknowledgement in the child's record as long as the child is enrolled at the home.
(d) If an operator amends a home's safe sleep policy, the operator shall give written notice of the amendment to the parents of all enrolled infants aged 12 months or younger at least 14 days before the amended policy is implemented. Each parent shall sign a statement acknowledging the receipt and explanation of the amendment. The operator shall retain the acknowledgement in the child's record as long as the child is enrolled at the home. Effective June 1, 2018 95
(e) The operator shall place a child aged 12 months or younger on the child's back for sleeping, unless for a child aged 6 months or younger, the operator obtains a written waiver from a health care professional; or for a child older than 6 months, the operator obtains a written waiver from a health care professional or parent. Waivers shall include the following:
(1) the infant's name and birth date;
(2) be signed and dated by the infant's health care professional or parent;
(3) if a wedge is needed, specify why it is needed and how it should be used; and
(4) the infant's authorized sleep positions.
The operator shall retain the waiver in the child's record as long as the child is enrolled at the home.
(f) Documents that verify staff member's compliance with visual checks on infants shall be maintained for a minimum of one month.
(g) For each infant with a waiver on file at the home as specified in Paragraph (e) of this Rule, a notice shall be posted for quick reference near the infant's crib, bassinet, play pen, or mat that shall include:
(1) the infant's name;
(2) the infant's authorized sleep position; and
(3) the location of the signed waiver.
No confidential medical information, including an infant's medical diagnosis, shall be shown on the notice.

For children older than 12 months, providers are instructed on safe sleep practice requirments prior to opening the program during rules review.
.1718(a)(3) (a) The family child care home operator (operator or operators) shall provide the following on a daily basis for all children in care: A safe sleep environment by ensuring that when a child is sleeping or napping, bedding or other objects shall not

be placed in a manner that covers the child's face...

This averages about six (6) hours of preservice training for an in-home child care home operator. Any additional caregivers, including substitutes and volunteers, must complete sixteen (16) hours of preservice training prior to assuming caregiving responsibilities. The minimum number of orientation training in health and safety topics include: two hours of Recognizing and Responding to Suspicions of Child Maltreatment within 90 days of employment. In addition, potential family child care home operators must complete a 1-day pre-licensing workshop (5 clock hours) prior to licensure.

4. Variations for exempt provider settings:

Religious-sponsored child care programs are exempt from orientation requirements; however, they must complete First Aid training, cardiopulmonary resuscitation and ITS-SIDS training within 90 days of employment.

In response to the 2020 Coronavirus pandemic, and as per US Office of Child Care waiver approved April 21, 2020, of requirement CFR 45 CFR §98.44 (b)(1), North Carolina is extending the time frame from three months to six months for providers and administrators to complete the CPR, First Aid and ITS-SIDS orientation health and safety standards training. This change is allowed through the duration of the Coronavirus crisis or for a time frame not to exceed March 10, 2021 **as long as one child care provider who has completed the CPR, First Aid training is present while children are in care, and as long as one child care provider in the infant room who has completed the ITS-SIDS training is present while infants are in care . (**10A NCAC 09 .1102)

b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)

New staff orientation must be completed within the first six (6) weeks of employment. As part of this orientation, each new employee must complete six (6) clock hours of the orientation within the first two (2) weeks on specific topic areas. Additional training requirements must be completed within ninety (90) days of employment.

The US Office of Child Care approved a waiver of CFR 45 §98.44 (b) which requires CCDF child care staff to complete orientation within three months. Some staff may have been hired just prior to the March 10 declaration of a state of emergency to coordinate response to the Coronavirus ( NC Governor's Executive Order 116). To provide relief from a potential hardship, and in addition to other Regulatory allowances, North Carolina waived the current Child Care Rule which requires staff to complete orientation in six weeks (.1101(a)).

In response to the 2020 Coronavirus pandemic, and as per the US Office of Child Care approved waiver April 21, 2020 of CFR 45 CFR §98.44 (b)(1), North Carolina is providing an additional six months for center administrators and any child care teacher to complete CPR, First Aid and ITS-SIDS training. This change is allowed through the duration of the Coronavirus crisis or for a time frame not to exceed March 10, 2021 and **as long as one child care provider who has completed the CPR, First Aid training is present while children are in care, and as long as one child care provider in the infant room who has completed the ITS-SIDS training is present while infants are in care. (10A NCAC 09 .1102)**

c) Explain any differences in pre-service or orientation training requirements based on the ages of the children served

Two (2) hours of Infant/Toddler Safe Sleep and SIDS Risk Reduction Training (ITS-SIDS) within two (2) months of employment and child care administrators have up to ninety (90) days of employment to complete ITS-SIDS training. School-age staff and administrator must have completed Basic School Age Care training within three months of employment.

In response to the 2020 Coronavirus pandemic, and as per waiver approved by the US Office of Child Care April 21, 2020 of CFR 45 CFR §98.44 (b)(1) for providers to waive the time frame of three months to complete orientation. North Carolina is providing an additional six months for administrators and child care teacher to complete CPR, First Aid and ITS-SIDS training. This change is allowed through the duration of the

Coronavirus crisis or for a time frame not to exceed March 10, 2021 and **as long as one child care provider who has completed the CPR, First Aid training is present while children are in care, and as long as one child care provider in the infant room who has completed the ITS-SIDS training is present while infants are in care . (**10A NCAC 09 .1102).

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

Infant/Toddler Safe Sleep and SIDS Risk Reduction Training (ITS-SIDS) as well as Basic School Age Care training are standardized using adult learning principles. The former must be taken in person while the latter can be taken either in person or online.

In response to the Coronavirus crisis, the Infant/Toddler Safe Sleep and SIDS Risk Reduction (ITS-SIDS) and the Emergency Preparedness and Response in Child Care trainings will be temporarily offered online versus in person. This regulatory flexibility will be allowed through the duration of the pandemic or not to exceed March 10, 2021.

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

   .1101, .1102, .1702, .1729, .2510

   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

Describe if relatives are exempt from this requirement. NA

Below are explanations for the different requirements for Centers and FCCHs since Yes and No were answers to the above questions.

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?

FCCH - Yes

Centers - No, but staff must be oriented within the first two weeks of employment on this topic.

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?

FCCH - Yes

Centers - No.

Staff in religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete the Health and Safety Training Requirements.

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

10A NCAC 09 .1101, 10A NCAC 09 1102, 10A NCAC 09 .1702, 10A NCAC 09 .1729

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?

- [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

Describe if relatives are exempt from this requirement. NA

Below are explanations for the different requirements for Centers and FCCHs since Yes and No were answers to the above questions.

Yes - FCCH operators and in home operators must complete ITS-SIDS training prior to licensure. Family child care home operators and in-home operators must provide orientation on this topic with any caregivers, including substitutes and volunteers, prior to the individual caring for children.
No - Child care administrators must complete ITS-SIDS training within 90 days of employment. Any individual assuming responsibility in the infant room must complete ITS-SIDS within 2 months of employment. At all times, one child care provider who has completed ITS-SIDS training must be present in the infant room while children are in care. Child care center staff must complete orientation on this topic, including the center's safe sleep policy for infants, within the first two weeks of employment.

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?
FCCH/In-home - Yes
Centers - No. The requirement for religious sponsored programs is the same as licensed centers. Religious sponsored programs are required to meet the orientation requirements for ITS-SIDS. Child care administrators must complete ITS-SIDS training within 90 days of employment. Any individual assuming responsibility in the infant room must complete ITS-SIDS within 2 months of

employment. At all times, one child care provider who has completed ITS-SIDS training must be present in the infant room while children are in care.

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

.1101, .1102, .1702, .1729, .2510

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

Describe if relatives are exempt from this requirement. NA

Below are explanations for the different requirements for Centers and FCCHs since Yes and No were answers to the above questions.

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?

FCCH - Yes

Centers - No, but staff must be oriented within the first two weeks of employment on this topic.

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?

FCCH - Yes

Centers - No.

Staff in religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete the Health and Safety Training Requirements.

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

10A NCAC 09 .1101, 10A NCAC 09 .1102, 10A NCAC 09 .1702, 10A NCAC 09 .1729

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

Describe if relatives are exempt from this requirement. NA

Below are explanations for the different requirements for Centers and FCCHs since Yes and No were answers to the above questions.

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?

FCCH - Yes Family child care home operators must provide orientation on this topic with any caregivers, including substitutes and volunteers, prior to the individual caring for children.

Centers - No, but child care center staff must complete orientation on this topic within the first six weeks of employment.

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?

FCCH - Yes

Centers - No.

Staff in religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete the Health and Safety Training Requirements.

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

10A NCAC 09 .1101, 10A NCAC 09 .1102, 10A NCAC 09 .1702, 10A NCAC 09 .1729

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

Describe if relatives are exempt from this requirement. NA

Below are explanations for the different requirements for Centers and FCCHs since Yes and No were answers to the above questions.

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 - Family child care home operators must provide orientation on this topic with any caregivers, including substitutes and volunteers, prior to the individual caring for children.
No - Child care center staff must complete orientation on this topic within the first two weeks of employment. This includes reviewing the center's operational policies and identification of any building and premises safety issues.

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?
FCCH - Yes. Family child care home operators must provide orientation on this topic with any caregivers, including substitutes and volunteers, prior to the individual caring for children.
Centers - No.
Staff in religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete the Health and Safety Training Requirements.

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

10A NCAC 09 .0608, 10A NCAC 09 .1101, 10A NCAC 09 .1102, 10A NCAC 09

.1702, 10A NCAC 09 .1726, 10A NCAC 09 .1729

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

Describe if relatives are exempt from this requirement. NA

Below are explanations for the different requirements for Centers and FCCHs since Yes and No were answers to the above questions.

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 - Family child care home operators must provide orientation on this topic with any caregivers, including substitutes and volunteers, prior to the individual caring for children. This includes reviewing the program's policy on prevention of shaken baby syndrome and abusive head trauma for any staff members who provide care for children up to age five.

No - Child care center staff must complete orientation on this topic within the first two weeks of employment. This includes reviewing the program's policy on prevention of shaken baby syndrome and abusive head trauma for any staff members who provide care for children up to age five.

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 - Family child care home operators must provide orientation on this topic with any caregivers, including substitutes and volunteers, prior to the individual caring for children. This includes reviewing the center's policy on prevention of shaken baby syndrome and abusive head trauma for any staff members who provide care for children up to age five.
No - Staff in religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete the Health and Safety Training Requirements.

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

10A NCAC 09 .0607, 10A NCAC 09 .1101, 10A NCAC 09 .1102, 10A NCAC 09 .1702, 10A NCAC 09 .1714, 10A NCAC 09 .1729

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

Describe if relatives are exempt from this requirement. NA

Below are explanations for the different requirements for Centers and FCCHs since Yes and No were answers to the above questions.

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 - Family child care home operators must provide orientation on this topic with any caregivers, including substitutes and volunteers, prior to the individual caring for children. This includes reviewing the family child care home's emergency preparedness and response plan.
No- Child care center staff must complete orientation on this topic within the first two weeks of employment. This includes reviewing the center's emergency preparedness and response plan.

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 - Family child care home operators must provide orientation on this topic with any caregivers, including substitutes and volunteers, prior to the individual caring for children. This includes reviewing the family child care home's emergency preparedness and response plan.
No - Staff in religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete the Health and Safety Training Requirements. One staff member must complete an Emergency Preparedness and Response training and create the program's EPR Plan.

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

10A NCAC 09 .1101, 10A NCAC 09 .1102, 10A NCAC 09 .1702, 10A NCAC 09 .1729

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

Describe if relatives are exempt from this requirement. NA

Below are explanations for the different requirements for Centers and FCCHs since Yes and No were answers to the above questions.

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 - Family child care home operators must provide orientation on this topic with any caregivers, including substitutes and volunteers, prior to the individual caring for children.

No- Child care center staff must complete orientation on this topic within the first six weeks of employment.

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 - Family child care home operators must provide orientation on this topic with any caregivers, including substitutes and volunteers, prior to the individual caring for children.
No - Staff in religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete the Health and Safety Training Requirements.

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

10A NCAC 09 .1101, 10A NCAC 09 .1102, 10A NCAC 09 .1702, 10A NCAC 09 .1729

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

Describe if relatives are exempt from this requirement. NA

Below are explanations for the different requirements for Centers and FCCHs since Yes and No were answers to the above questions.

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?

Family child care home operators must provide orientation on this topic with any caregivers, including substitutes and volunteers, prior to the individual caring for children.

Child care center staff must complete orientation on this topic within the first two weeks of employment, including the center's policy for transportation, if applicable.

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?

FCCH operators must provide orientation on this topic with any caregivers, including substitutes and volunteers, prior to the individual caring for children. Centers - Staff in religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete the Health and Safety Training Requirements.

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

10A NCAC 09 .1102, 10A NCAC 09 .1702, 10A NCAC 09 .1729

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

Describe if relatives are exempt from this requirement. NA

Below are explanations for the different requirements for Centers and FCCHs since Yes and No were answers to the above questions.

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 - Family child care home operators must provide documentation of completion of first aid and CPR within 12 months prior to applying for a license. Individuals assisting a family child care home operator must complete first aid and CPR prior to the individual caring for children.
No - In a child care center, all staff who provide direct care on site, or accompany children off premise, must complete first aid and CPR within 90 days of employment. At all times, there must be at least one staff member present who has completed first aid and CPR.

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 - Family child care home operators must provide documentation of completion of first aid and CPR within 12 months prior to applying for a license. Individuals assisting a family child care home operator must complete first aid and CPR prior to the individual caring for children.
No - Staff in religious sponsored programs operating under a Notice of Compliance are required to complete First Aid/CPR training within 90 days of employment. At all times when children are in care at least one staff member present must have successfully completed First Aid/CPR training.

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

10A NCAC 09 .1101, 10A NCAC 09 .1102, 10A NCAC 09 .1702, 10A NCAC 09 .1729

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

Describe if relatives are exempt from this requirement. NA

Below are explanations for the different requirements for Centers and FCCHs since Yes and No were answers to the above questions.

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 - Family child care home operators must provide orientation on this topic with any caregivers, including substitutes and volunteers, prior to the individual caring for children.

No - Child care center staff must complete orientation on this topic within the first two weeks of employment, this includes information regarding recognizing, responding to, and reporting child abuse, neglect, or abuse. Child care centers administrators and staff must complete training in recognizing and responding to suspicions of child maltreatment within 90 days of licensure. A family child care home operator must complete training in recognizing and responding to suspicions of child maltreatment within 90 days of licensure.

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 - Family child care home operators must provide orientation on this topic with any caregivers, including substitutes and volunteers, prior to the individual caring for children.

No - Child care center staff must complete orientation on this topic within the first two weeks of employment, this includes information regarding recognizing, responding to, and reporting child abuse, neglect, or abuse. Child care centers

administrators and staff must complete training in recognizing and responding to suspicions of child maltreatment within 90 days of licensure. A family child care home operator must complete training in recognizing and responding to suspicions of child maltreatment within 90 days of licensure.

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 Family child care home operators must provide orientation on this topic with any caregivers, including substitutes and volunteers, prior to the individual caring for children.
No - Staff in religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete the Health and Safety Training Requirements.

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

General Statute 110-91(8) and (11), 10A NCAC 09 .0704, 10A NCAC 09 .0710, 10A NCAC 09 .1104, 10A NCAC 09 .1703

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
- [x] No

Describe if relatives are exempt from this requirement

Describe if relatives are exempt from this requirement. NA

Below are explanations for the different requirements for Centers and FCCHs since Yes and No were answers to the above questions.

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 - In a child care center, the child care administrator must have the North Carolina Early Childhood Administrator Credential (NCECEAC) or its equivalent. If an administrator does not have the NCECAC prior to assuming any caregiving responsibilities the administrator must meet the following preservice requirements:
(1) have either a high school diploma or its equivalent;
(2) have two years of full-time work experience in a child care center or early childhood work experience; or an undergraduate, graduate, or associate degree, with 12 semester hours in child development, child psychology, early childhood education or directly related field; or a Child Development Associate Credential; or completion of a community or technical college curriculum program in the area of child care or early childhood; or one year of full-time child care or early childhood work experience and a North Carolina Early Childhood Credential; and

1. have verification of having completed, or be currently enrolled in, two semester credit hours, or 32 clock hours, of training in the area of early childhood program administration; or, have one year experience performing administrative responsibilities. The child care administrator shall begin working toward the completion of the NCECAC within six months of resuming administrative duties.
   The Lead Teacher must have the North Carolina Early Childhood Credential (NCECC) or its equivalent. If the Lead Teacher does not have the NCECC prior to assuming any caregiving responsibilities the lead teacher and teacher must meet the following preservice requirements:
   (1) One year of child care experience working in a child care center or two years of verifiable experience as a licensed family child care home operator; or
   (2) Completion of a two year high school program of Early Childhood Education in Family and Consumer Sciences Education; or
   (3) Twenty hours of training in child development, which shall include the North Carolina Early Childhood Credential coursework, within the first six

months of employment in addition to the number of on-going training hours required in Rule .1103 of this Chapter.

The Lead Teacher shall begin working toward the completion of the NCECC within six months of becoming employed.

No - Ongoing staff development for child care center and family child care home staff must include the following topic areas:

- Planning a safe, healthy learning environment;
- Steps to advance children's physical and intellectual development;
- Positive ways to support children's social and emotional development;
- Strategies to establish productive relationships with families;
- Strategies to manage an effective program operation;
- Maintaining a commitment to professionalism;
- Observing and recording children's behavior;
- Principles of child growth and development; and
- Learning activities that promote inclusion of children with special needs.

All center administrators, staff members, and family child care home operators must complete a professional development plan within one year of employment, or licensure. The plan must document the individual's professional development goals; be appropriate to the ages of children in their care; include continuing education, coursework, or training needed to meet the individual's planned goals; and be completed by the administrator and staff member in a collaborative manner.

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?

No - Staff in religious sponsored programs, whether center or FCCHs are not required to complete coursework prior to employment related to child development.

5.2.3e 13.

Describe other training requirements, such as nutrition, physical activities, caring for children with special needs, etc..

Child care center staff must complete orientation on adequate supervision of children within the first two weeks of employment. Also, child care center staff must complete orientation within the first six weeks of employment on the following: firsthand observation of the center's daily operations, instructions on the employee's assigned duties, instruction in the maintenance of a safe and healthy environment, review of the

child care licensing law and rules, review of the center's purposes and goals, an explanation of the role of State and local government agencies in the regulation of child care, their impact on the operation of the center, and their availability as a resource, and an explanation of the employee's obligation to cooperate with representatives of State and local government agencies during visits and investigations. A family child care home operator must provide orientation on these same topics areas for any caregivers, including substitutes and volunteers.

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

10A NCAC 09 .1101 and 10A NCAC 09 .1729

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

Describe if relatives are exempt from this requirement. NA

Below are explanations for the different requirements for Centers and FCCHs since Yes and No were answers to the above questions.

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 - Family child care home operators must provide orientation on these topics with any caregivers, including substitutes and volunteers, prior to the individual caring for children.

No - For child care center staff, training on these additional topics must be completed within two or six weeks of employment.

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 - Family child care home operators must provide orientation on these topics with any caregivers, including substitutes and volunteers, prior to the individual caring for children.
No - Staff in religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete training on these additional topics during orientation within two or six weeks of employment.

## 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: 10/01/2018

a) Licensed child care centers:

Child care center administrators and staff members must complete health and safety training within one year of employment. Ongoing training from five to twenty clock hours depending on the employee's education and experience must be completed. Health and safety training shall be counted as part on-going training so that every five years, all of the topic areas will have been covered.

b) Licensed FCC homes:

Family child care home operators and staff must complete health and safety training within one year of employment. Five to twenty clock hours of on-going annual training depending on the education and experience of the operator and any caregivers must be completed. Health and safety training shall be counted as part on-going training so that every five years, all of the topic areas will have been covered.

c) In-home care:

Family child care home/in-home child care operators and staff must complete health and safety training within one year of employment.Five to twenty clock hours of on-going annual training depending on the education and experience of the operator and any caregivers must be completed. Health and safety training shall be counted as part on-going training so that every five years, all of the topic areas will have been covered.

d) Variations for exempt provider settings:

Religious sponsored programs receiving CCDF susbsidy are required to completetrainings on each of the health and safety topic areas every five years; however, a minimum number of training hours is not delineated in Child Care Rule. Non-CCDF religious sponsored child care programs are exempt from ongoing training requirements.

**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: 10/01/2018

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

   To help child care providers meet the training requirements, the Division of Child Development and Early Education has contracted with ProSolutions Training to provide, free online training modules. The online training modules for this topic are: "Hand Washing: Clean Hands=Better Health"; Bloodborne Pathogens and Infectious Disease Control: Kick Those Germs to the Curb!". Trainings offered by other training organizations across the state can count towards meeting the online training requirement as long as within the training description or title of the training topic covers any aspect of prevention and control of infectious diseases, including immunizations as it relates to child care. The state does not have specific content requirement for the prevention and control of infectious diseases (including immunizations) trainings; except that the training relates to the topic and child care.

Child Care Rules 10A NCAC 09 .1102, 10A NCAC 09 .1103, 10A NCAC 09 .1703
Subsidized Child Care Rules 10A NCAC 09.0602(c)

-- 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:

Child care centers, family child care home and in-home providers must complete a training on the prevention and control of infectious diseases, including immunizations as part of initial orientation as well as on-going training so that every five years, the topic area has been covered.

-- 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:

Staff in religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete each of the health and safety training topics every five years.

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

To help child care providers meet the training requirements, the Division of Child Development and Early Education has contracted with ProSolutions Training to provide, free online training modules. The online training module for this topic is: **Sudden Infant Death Syndrome (SIDS) - Reducing the Risk.**Trainings offered by other training organizations across the state can count towards meeting the online training requirement as long as within the training description or title of the training topic covers any aspect of prevention of sudden infant death syndrome and the use of safe-sleep practices as it relates to child care. The state does not have specific

content requirement for the prevention of sudden infant death syndrome and the use of safe-sleep practices trainings; except that the training relates to the topic and child care.

10A NCAC 09 .1102, 10A NCAC 09 .1103, 10A NCAC 09 .1703, 10A NCAC 09 .2101

In response to the Coronavirus and as per waiver approved by the US Office of Child Care April 21, 2020 of CFR 45 CFR §98.44 (b)(1), North Carolina is providing an additional six months for both licensed and license-exempt Center and Family Child Care Home operators to complete expired CPR, First Aid and ITS-SIDS trainings. This change is allowed through the duration of the Coronavirus crisis or for a time frame not to exceed March 10, 2021.

-- 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:

For child care centers, family child care homes, and in-home child care licensed to care for infants, staff scheduled to work in the infant room must complete Infant/Toddler Safe Sleep and SIDS Risk Reduction Training (ITS-SIDS) every three years. This may count as part of on-going training. Other individuals working at the facility should complete training in prevention of sudden infant death syndrome and the use of safe-sleep practices and count as part of their on-going training to meet health and safety topics.

In response to the Coronavirus and as per waiver approved by the US Office of Child Care April 21, 2020 of CFR 45 CFR §98.44 (b)(1), North Carolina is providing an additional six months for licensed Center and Family Child Care Home operators to complete expired CPR, First Aid and ITS-SIDS trainings. This change is allowed through the duration of the Coronavirus crisis or for a time frame not to exceed March 10, 2021.

-- 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:

For religious sponsored child care centers, family child care homes, and in-home child care receiving child care subsidy operating under a Notice of Compliance, staff scheduled to work in the infant room must complete Infant/Toddler Safe Sleep and SIDS Risk Reduction Training (ITS-SIDS) every three years. Other individuals working at the facility should complete training in prevention of sudden infant death syndrome and the use of safe-sleep practices and count it as part of their on-going training to meet health and safety topics.

In response to the Coronavirus and as per waiver approved by the US Office of Child Care April 21, 2020 of CFR 45 CFR §98.44 (b)(1), North Carolina is providing an additional six months for licensed-exempt Center and Family Child Care Home operators to complete expired CPR, First Aid and ITS-SIDS trainings. This change is allowed through the duration of the Coronavirus crisis or for a time frame not to exceed March 10, 2021.

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

To help child care providers meet the training requirements, the Division of Child Development and Early Education has contracted with ProSolutions Training to provide,free online training modules. The online training module for this topic is: **Medication Administration in the Child Care Setting: Utilizing Proper Practices and Procedures.** Trainings offered by other training organizations across the state can count towards meeting the online training requirement as long as within the training description or title of the training topic covers any aspect of administration of medication, consistent with standards for parental consent as it relates to child care. The state does not have specific content requirement for the administration of medication, consistent with standards for parental consent trainings; except that the

training relates to the topic and child care.

10A NCAC 09 .1102, 10A NCAC 09 .1103, and 10A NCAC 09 .1703

-- 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:

Child care center and family child care homes must complete health and safety training as part of on-going training so that every five years, all of the topic areas will have been covered.

-- 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:

Religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete health and safety training as part of on-going training so that every five years, all of the topic areas will have been covered.

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

To help child care providers meet the training requirements, the Division of Child Development and Early Education has contracted with ProSolutions Training to provide, free online training modules. The online training modules for this topic are: **Food Allergies: Recognizing Allergic Reactions and Meal Planning in the Child Care Setting**. Trainings offered by other training organizations across the state can

count towards meeting the online training requirement as long as within the training description or title of the training topic covers any aspect of prevention and response to emergencies due to food and allergic reactions as it relates to child care. The state does not have specific content requirement for the prevention and response to emergencies due to food and allergic reactions trainings; except that the training relates to the topic and child care.

10A NCAC 09 .1102, 10A NCAC 09 .1103, and 10A NCAC 09 .1703

-- 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:

Child care centers and family child care homes must complete health and safety training as part of on-going training so that every five years, all of the topic areas will have been covered.

-- 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:

Religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete health and safety training as part of on-going training so that every five years, all of the topic areas will have been covered.

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

To help child care providers meet the training requirements, the Division of Child Development and Early Education has contracted with ProSolutions Training to provide, free online training modules. The online training modules for this topic are: **Ensuring Building and Physical Premises Safety, Essentials of Outdoor Safety and Water Safety: Preventing Injury and Illness**. Trainings offered by other training organizations across the state can count towards meeting the online training requirement as long as within the training description or title of the training topic covers any aspect of building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic as it relates to child care. The state does not have specific content requirement for the building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic; except that the training relates to the topic and child care.

10A NCAC 09 .1102, 10A NCAC 09 .1103, and 10A NCAC 09 .1703

-- 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:

Child care centers and family child care homes must complete health and safety training as part of on-going training so that, every five years, all of the topic areas will have been covered.

-- 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:

Religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete health and safety training as part of on-

going training so that every five years, all of the topic areas will have been covered.

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

To help child care providers meet the training requirements, the Division of Child Development and Early Education has contracted with ProSolutions Training to provide, free online training modules. The online training modules for this topic are: **Recognizing and Responding to Suspicions of Child Maltreatment,** and **Brain Development: Amazing Brains, Amazing Babies - Physical Well-Being, Stress and Trauma.** Trainings offered by other training organizations across the state can count towards meeting the online training requirement as long as within the training description or title of the training topic covers any aspect of prevention of shaken baby syndrome, abusive head trauma, and child maltreatment. The state does not have specific content requirement for the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; except that the training relates to the topic and child care.

10A NCAC 09 .1102, 10A NCAC 09 .1103, and 10A NCAC 09 .1703

-- 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:

Child care centers and family child care homes must complete health and safety training as part of on-going training so that every five years, all of the topic areas will have been covered.

-- 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:

Religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete health and safety training as part of on-going training so that every five years, all of the topic areas will have been covered.

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

To help child care providers meet the training requirements, the Division of Child Development and Early Education has contracted with ProSolutions Training to provide, free online training modules. The online training modules for this topic are: **Emergency Preparedness: Better Safe Than Sorry! and Responding to Medical Emergencies.** Trainings offered by other training organizations across the state can count towards meeting the online training requirement as long as within the training description or title of the training topic covers any aspect of emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event as it relates to child care. The state does not have specific content requirement for the emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event; except that the training relates to the topic and child care.

10A NCAC 09 .0607, 10A NCAC 09 .1102, 10A NCAC 09 .1103, 10A NCAC 09 .1703, and 10A NCAC 09 .1714

-- 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:

**In a child care center, staff members must complete training on the topic area of emergency preparedness and response planning for emergencies resulting from natural disaster, or a man-made cased event. The health and safety training shall count as part of on-going training so that every five years, all of the topic areas will have been covered. In addition, at least one person on staff must complete the Emergency Preparedness and Response in Child Care Training. This trained staff member then is responsible for reviewing the center's EPR plan with new staff during orientation and annually, this includes all substitutes and volunteers counted in staff/child ratio. For a family child care home, the operator and any caregivers must complete training on the topic area of emergency preparedness and response planning for emergencies resulting from natural disaster, or a man-made cased event. The health and safety training shall count as part of on-going training so that every five years, all of the topic areas will have been covered. In addition, the operator must complete the Emergency Preparedness and Response in Child Care Training. The operator is responsible for reviewing the home's EPR plan with new staff during orientation and annually.**

-- 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:

In a religious sponsored programs operating under a Notice of Compliance, staff members must complete training on the topic area of emergency preparedness and response planning for emergencies resulting from natural disaster, or a man-made cased event. The health and safety training shall count as part of on-going training

so that every five years, all of the topic areas will have been covered. In addition, at least one person on staff must complete the Emergency Preparedness and Response in Child Care Training. This trained staff member then is responsible for reviewing the center's EPR plan with new staff during orientation and annually. This includes all substitutes and volunteers counted in staff/child ratio. For a family child care home/in-home, the operator and any caregivers must complete training on the topic area of emergency preparedness and response planning for emergencies resulting from natural disaster, or a man-made cased event. The health and safety training shall count as part of on-going training so that every five years, all of the topic areas will have been covered. In addition, the operator must complete the Emergency Preparedness and Response in Child Care Training. The operator is responsible for reviewing the home's EPR plan with new staff during orientation and annually.

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

To help child care providers meet the training requirements, the Division of Child Development and Early Education has contracted with ProSolutions Training to provide, free online training modules. The online training modules for this topic are: **Essentials of Indoor Safety .** Trainings offered by other training organizations across the state can count towards meeting the online training requirement as long as within the training description or title of the training topic covers any aspect of handling and storage of hazardous materials and the appropriate disposal of bio-contaminants as it relates to child care. The state does not have specific content requirement for the handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; except that the training relates to the topic and child care.

10A NCAC 09 .1102, 10A NCAC 09 .1103, and 10A NCAC 09 .1703

-- 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:

Child care centers and family child care homes must complete health and safety training as part of on-going training so that every five years, all of the topic areas will have been covered.

-- 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:

Religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete health and safety training as part of on-going training so that every five years, all of the topic areas will have been covered.

9. Appropriate precautions in transporting children (if applicable)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

To help child care providers meet the training requirements, the Division of Child Development and Early Education has contracted with ProSolutions Training to provide,free online training modules. The online training modules for this topic are: **Transportation Safety: Keeping Kids Safe .** Trainings offered by other training organizations across the state can count towards meeting the online training requirement as long as within the training description or title of the training topic covers any aspect of appropriate precautions in transporting children as it relates to child care. The state does not have specific content requirement for the appropriate precautions in transporting children; except that the training relates to the topic and child care.

10A NCAC 09 .1102, 10A NCAC 09 .1103, and 10A NCAC 09 .1703

-- 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:

Child care centers and family child care homes must complete health and safety training which includes training related to transportation, as part of on-going training so that every five years, all of the topic areas will have been covered.

-- 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:

Religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete health and safety training as part of on-going training so that every five years, all of the topic areas will have been covered.

10. Pediatric first aid and CPR certification

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

First Aid and CPR training organizations must be approved by DCDEEinservice training consultant who ensures content meets certifiable standards .

10A NCAC 09 .1102, 10A NCAC 09 .1103, and 10A NCAC 09 .1703

In response to the Coronavirus and as per waiver approved by the US Office of Child Care April 21, 2020 of CFR 45 CFR §98.44 (b)(1), North Carolina is providing an additional six months for licensed and license exempt Centers and Family Child Care Home staff to complete expired CPR, First Aid and ITS-SIDS trainings. This change is

allowed through the duration of the Coronavirus crisis or for a time frame not to exceed March 10, 2021.

-- 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:

Staff members must complete First aid and CPR appropriate for the ages of children in care and must be renewed on or before the expiration of the certification.

In response to the Coronavirus and as per waiver approved by the US Office of Child CareApril 21, 2020 of CFR 45 CFR §98.44 (b)(1), North Carolina is providing an additional six months for licensed Centers and Family Child Care Home staff to complete expired CPR, First Aid and ITS-SIDS trainings. This change is allowed through the duration of the Coronavirus crisis or for a time frame not to exceed March 10, 2021.

-- 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:

Staff in religious sponsored programs operating under a Notice of Compliance are required to renew the First Aid/CPR training on or before the expiration of the certification.

In response to the Coronavirus and as per waiver approved by the US Office of Child Care April 21, 2020 of CFR 45 CFR §98.44 (b)(1), North Carolina is providing an additional six months for license-exempt Centers and Family Child Care Home staff to complete expired CPR, First Aid and ITS-SIDS trainings. This change is allowed through the duration of the Coronavirus crisis or for a time frame not to

exceed March 10, 2021.

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

To help child care providers meet the training requirements, the Division of Child Development and Early Education worked withPrevent Child Abuse NC to provide a free online training module. The online training module for this topic is: Recognizing and Responding to Suspicions of Child Maltreatment **.** Trainings offered by other training organizations across the state can count towards meeting the online training requirement as long as within the training description or title of the training topic covers any aspect of recognition and reporting of child abuse and neglect as it relates to child care. The state does not have specific content requirement for recognition and reporting of child abuse and neglect; except that the training relates to the topic and child care.

10A NCAC 09 .1102, 10A NCAC 09 .1103, and 10A NCAC 09 .1703

-- 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:

Child care centers and family child care homes must complete health and safety training specific to abuse and neglect as part of on-going training so that every five years, all of the topic areas will have been covered.

-- 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:

Religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy must complete health and safety training as part of on-going training so that every five years, all of the topic areas will have been covered.

12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Ongoing staff development for child care center and family child care home staff must be appropriate to job responsibilities and include the following topic areas:

- Planning a safe, healthy learning environment;
- Steps to advance children's physical and intellectual development;
- Positive ways to support children's social and emotional development;
- Strategies to establish productive relationships with families;
- Strategies to manage an effective program operation;
- Maintaining a commitment to professionalism;
- Observing and recording children's behavior;
- Principles of child growth and development; and
- Learning activities that promote inclusion of children with special needs

General Statute 110-91(11)

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:

Ongoing staff development for child care center and family child care home staff must be appropriate to job responsibilities and include the following topic areas:

- Planning a safe, healthy learning environment;
- Steps to advance children's physical and intellectual development;
- Positive ways to support children's social and emotional development;
- Strategies to establish productive relationships with families;
- Strategies to manage an effective program operation;
- Maintaining a commitment to professionalism;

- Observing and recording children's behavior;
- Principles of child growth and development; and
- Learning activities that promote inclusion of children with special needs.

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:

Religious sponsored programs operating under a Notice of Compliance and receiving child care subsidy are not required to complete child development training except the child development training which is incorporated in the health and safety trainings.

13. Describe other requirements such as nutrition, physical activities, caring for children with special needs, etc..

Playground Safety training (center only)

Provide the citation for other training requirements, including citations for both licensed and license-exempt providers

10A NCAC 09 .1102

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:

At least one staff member of a center must complete playground safety training. If the trained person terminates employment, then another person must be trained.

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:

NA. Religious sponsored programs operating under a Notice of Compliance and receiving child care subsidymust complete the required health and safety trainings.

## 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

Prior to the issuance of a license, potential child care operators must complete a pre-licensing workshop. Child care consultants conduct pre-licensing visits to provide technical assistance and consultation to assist new operators with preparing to open a child care center or family child care home. All applicable child care requirements must be in compliance prior to the issuance of a license. For child care centers, this includes approved building, fire, and sanitation inspections. After a license is issued, the Division is responsible for monitoring the facility to assure that compliance is being maintained. Monitoring compliance is an official observation to determine ongoing compliance. One goal of monitoring is to reduce noncompliance to avoid citing violations of noncompliance and issuing administrative actions in the future. Monitoring visits also reveal whether an operator has corrected previously documented violations. This is also a time to provide technical assistance, as well as, provide consultation on the implementation of rules. Every child care facility must maintain a 75% or higher compliance history over the last eighteen months to meet minimum licensing standards. The Division's policy is to conduct at least one

unannounced annual compliance visit to each facility plus complaint investigation visits, and routine monitoring visits as schedules permit each year.

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: 03/18/2020

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

Potential child care center operators must complete a two-day pre-licensing workshop to include a comprehensive review of the North Carolina child care requirements (including health and safety standards), best practices related to start-up and operation as it relates to budgeting for quality child care, and other critical information helpful to potential child care operators. Child care consultants complete pre-licensing visits to ensure compliance of health and safety child care requirements prior to the issuance of a license. All centers and Family Child Care Homes/In-home child care receive a temporary license for six months, which includes follow-up visits from consultants to ensure the health and safety standards continue to be met prior to

receipt of the final license. Child care centers are required to have approved building, fire, and sanitation inspections completed prior to the issuance of the temporary child care license. Health, safety and fire standards are monitored in Family Child Care Homes by Child Care Consultants during prelicensing inspections/visits.

In response to the 2020 Coronavirus (COVID-19) pandemic, and as per waiver approved by the US Office of Child Care April 21, 2020 of CFR §98.42(b)(2), North Carolina DCDEE temporarily suspended pre-licensing inspections. As of March 18, 2020, pre-licensing inspections were suspended; therefore, no new facilities will be opened until consultant and provider safety has been maximized or for a time frame not to exceed March 10, 2021. Child care consultants are providing technical assistance through telephone consultation to assist potential operators with preparing to open through the duration of the COVID-19 crisis.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers

Each year, at least one unannounced monitoring visit is completed to monitor applicable child care requirements.

In response to the 2020 Coronavirus (COVID-19) pandemic, and as per US Office of Child Care approved waiver April 21, 2020 of CFR §98.42(b)(2), North Carolina DCDEE temporarily suspended both announced and unannounced visits (inspections) through the duration of the COVID-19 crisis or for a time frame not to exceed March 10, 2021, with the exception of in response to a complaint or investigation of child maltreatment. Child Care Consultants are providing technical assistance and health related guidance to facilities that remain open during this COVID-19 crisis. (10A NCAC 09 .0201; .1709)

3. Identify the frequency of unannounced inspections:

- [x] Once a year
- [ ] More than once a year

Describe:

In response to the 2020 Coronavirus (COVID-19) pandemic, the US Office of Child Care has approved a waiver April 21, 2020 of CFR §98.42(b)(2). As of March 18,

North Carolina DCDEE will temporarily suspend both announced and unannounced visits (inspections) through the duration of the COVID-19 crisis or for a time frame not to exceed March 10, 2021, with the exception of in response to a complaint or investigation of child maltreatment. Child Care Consultants are providing technical assistance and health related guidance to facilities that remain open during this COVID-19 crisis. (10A NCAC 09 .0201; .1709)

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.

In accordance with 10A NCAC 09 .0201, the agency shall make at least one unannounced visit annually to ensure compliance with the licensure statutes. During the visit, the child care consultant monitors the facility's compliance with all applicable requirements, including the NC Child Care Rules, the NC Fire Code and Environmental Health Rules. Consultants ensure annual fire and sanitation inspections have been completed, provide technical assistance to help the operator and staff correct violations and maintain compliance, and offers consultation to promote higher quality child care.

In response to the 2020 Coronavirus (COVID-19) pandemic, the US Office of Child Care has approved a waiver April 21, 2020 of CFR §98.42(b)(2). As of March 18, North Carolina DCDEE will temporarily suspend both announced and unannounced visits (inspections) through the duration of the COVID-19 crisis or for a time frame not to exceed March 10, 2021, with the exception of in response to a complaint or investigation of child maltreatment. Child Care Consultants are providing technical assistance and health related guidance to facilities that remain open during this COVID-19 crisis. (10A NCAC 09 .0201; .1709)

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

GS 110-85, GS 110-105, GS 110-106, 10A NCAC 09 .0201, 10A NCAC 09 .0301

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

Potential family child care home operators must complete a one-day pre-licensing workshop to include a comprehensive review of the North Carolina child care requirements, best practices related to start-up and operation as it relates to budgeting for quality child care, and other critical information helpful to potential child care operators. Child care consultants complete pre-licensing visits to ensure compliance of health, safety and other applicable child care requirements prior to the issuance of a license. Some local ordinances require building, fire, and sanitation inspections for family child care homes. Child Care Consultants inspect Family Child Care Homes to ensure programs meet fire safety requirements, such as, being equipped with appropriate smoke detectors and fire extinguishers and children being cared for on the ground level with an exit at grade.

In response to the 2020 Coronavirus (COVID-19) pandemic, and as per US Office of Child Care waiver approved April 21, 2020 of requirement CFR §98.42(b)(2), pre-licensing inspections were suspended until consultant and provider safety could be maximized or for a time frame not to exceed March 10, 2021. Child care consultants are providing technical assistance through telephone consultation to assist potential operators with preparing to open when the COVID-19 crisis is over.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF family child care providers

Each year, unannounced monitoring visits are completed to monitor health, safety and other applicable child care requirements. Annual fire and sanitation inspections may be required by local ordinances. Child Care Consultants inspect Family Child Care Homes annually to ensure programs meet fire safety requirements, such as, being equipped with appropriate smoke detectors and fire extinguishers and children being cared for on the ground level with an exit at grade.

In response to the 2020 Coronavirus (COVID-19) pandemic, and as per the US Office of Child Care waiver approved April 21, 2020 of CFR §98.42(b)(2), both announced and unannounced visits (inspections) were temporarily suspended until consultant and provider safety could be maximized or for a time frame not to exceed March 10, 2021, with the exception of in response to a complaint or investigation of child maltreatment. Child Care Consultants are providing technical assistance and health related guidance

to facilities that remain open during this COVID-19 crisis. (10A NCAC 09 .0201; .1709)

3. Identify the frequency of unannounced inspections:

☑ Once a year

☐ More than once a year

Describe:

In response to the 2020 Coronavirus (COVID-19) pandemic, and as per the US Office of Child Care waiver approved April 21, 2020 of CFR §98.42(b)(2), both announced and unannounced visits (inspections) were temporarily suspended until consultant and provider safety can be maximized or for a time frame not to exceed March 10, 2021, with the exception of in response to a complaint or investigation of child maltreatment. Child Care Consultants are providing technical assistance and health related guidance to facilities that remain open during this COVID-19 crisis. (10A NCAC 09 .0201; .1709)

4. Describe the monitoring procedures (including differential monitoring, if applicable and how the inspections ensure that CCDF family child care providers comply with t applicable licensing standards, including health, safety, and fire standards.

In accordance with 10A NCAC 09 .1709, the agency shall make at least one unannounced visit annually to ensure compliance with the licensure statutes. During the visit, the child care consultant monitors the facility's compliance with all health, safety and other applicable requirements, provides technical assistance to help the operator and staff correct violations and maintain compliance, and offers consultatio to promote higher quality child care. Annual fire and sanitation inspections may be required by local ordinances. Child Care Consultants inspect Family Child Care Homes annually to ensure programs meet fire safety requirements, such as, being equipped with appropriate smoke detectors and fire extinguishers, and children bein cared for on the ground level with an exit at grade.

In response to the 2020 Coronavirus (COVID-19) pandemic, and as per the US Office of Child Care waiver approved April 21, 2020 of CFR §98.42(b)(2), both announced and unannounced visits (inspections) were temporarily suspended until consultant and provider safety could be maximized or for a time frame not to exceed March 10, 2021, with the exception of in response to a complaint or investigation of child maltreatment. Child Care Consultants are providing technical assistance and health related guidance to facilities that remain open during this COVID-19 crisis. (10A NCAC 09 .0201; .1709)

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

GS 110-85, GS 110-105, GS 110-106, 10A NCAC 09 .1707-.1709

c) Licensed in-home CCDF child care

☐ 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

Potential in-home operators must complete a one-day pre-licensing workshop to include a comprehensive review of the North Carolina child care requirements, best practices related to start-up and operation as it relates to budgeting for quality child care, and other critical information helpful to potential child care operators. Child care consultants complete pre-licensing visits to ensure compliance of applicable child care requirements prior to the issuance of a license. Some local ordinances require building, fire, and sanitation inspections for in-home care arrangements. Child Care Consultants inspect in-home child care to ensure programs meet fire safety requirements, such as, being equipped with appropriate smoke detectors and fire extinguishers and children being cared for on the ground level with an exit at grade.

In response to the 2020 Coronavirus (COVID-19) pandemic, and as per the US Office of Child Care approved waiver April 21, 2020 of requirement CFR §98.42(b)(2), North Carolina DCDEE temporarily suspended pre-licensing inspections. As of March 18, 2020, pre-licensing inspections were suspended; therefore, no new facilities will be opened until consultant and provider safety can be maximized and for a time frame not to exceed March 10, 2021. Child care consultants are providing technical assistance through telephone consultation to assist potential operators with preparing to open when the COVID-19 crisis is over.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF in-home child providers

Each year, unannounced monitoring visits are completed to monitor health, safety and other applicable child care requirements. Annual fire and sanitation inspections

may be required by local ordinances. Child Care Consultants inspect Family Child Care Homes annually to ensure programs meet fire safety requirements, such as, being equipped with appropriate smoke detectors and fire extinguishers and children being cared for on the ground level with an exit at grade.

In response to the 2020 Coronavirus (COVID-19) pandemic, and as per US Office of Child Care approved waiver April 21, 2020 of requirement CFR §98.42(b)(2), North Carolina DCDEE temporarily suspended both announced and unannounced visits (inspections) until consultant and provider safety could be maximized or for a time frame not to exceed March 10, 2021, with the exception of in response to a complaint or investigation of child maltreatment. Child Care Consultants are providing technical assistance and health related guidance to facilities that remain open during this COVID-19 crisis. (10A NCAC 09 .0201; .1709)

3. Identify the frequency of unannounced inspections:

- [x] Once a year
- [ ] More than once a year

Describe:

In accordance with 10A NCAC 09 .1709, the agency shall make at least one unannounced visit annually to ensure compliance with the licensure statutes. During the visit, the child care consultant monitors the facility's compliance with all applicable requirements, provides technical assistance to help the operator and staff correct violations and maintain compliance, and offers consultation to promote higher quality child care.

In response to the 2020 Coronavirus (COVID-19) pandemic, and as per US Office of Child Care approved waiver April 21, 2020 of CFR §98.42(b)(2), North Carolina DCDEE temporarily suspended both announced and unannounced visits (inspections) until consultant and provider safety could be maximized or for a time frame not to March 10, 2021, with the exception of in response to a complaint or investigation of child maltreatment. Child Care Consultants are providing technical assistance and health related guidance to facilities that remain open during this COVID-19 crisis. (10A NCAC 09 .0201; .1709)

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.

In accordance with 10A NCAC 09 .1709, the agency shall make at least one unannounced visit annually to ensure compliance with the licensure statutes. During the visit, the child care consultant monitors the facility's compliance with all health, safety and other applicable requirements, provides technical assistance to help the operator and staff correct violations and maintain compliance, and offers consultation to promote higher quality child care. Annual fire and sanitation inspections may be required by local ordinances. Child Care Consultants inspect in-home care child care programs annually to ensure programs meet fire safety requirements, such as, being equipped with appropriate smoke detectors and fire extinguishers, and children being cared for on the ground level with an exit at grade.

In response to the 2020 Coronavirus (COVID-19) pandemic, and as per US Office of Child Care approved waiver April 21, 2020 of requirement CFR §98.42(b)(2), North Carolina DCDEE temporarily suspended both announced and unannounced visits (inspections) until provider and consultant safety could be maximized or for a time frame not to exceed March 10, 2021, with the exception of in response to a complaint or investigation of child maltreatment. DCDEE is not enforcing fire inspections since these inspections are locally administered and guidance on these inspections will vary statewide. Child Care Consultants are providing technical assistance and health related guidance to facilities that remain open during this COVID-19 crisis.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers

In-home care is not addressed in child care law or written policy; however, licensed in-home arrangements would follow the same rules as Family Child Care Home operators.

GS 110-85, GS 110-105, GS 110-106, 10A NCAC 09 .1707 - .1709

10A NCAC 09 .0201; .1709

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

Child care consultants conduct pre-licensing and unannounced inspections to all licensed child care centers and family child care homes, which includes licensed CCDF providers. They are employed by the state in the DCDEE. Environmental Health Specialists, hired by the local health department, complete biannual sanitation inspections to child care centers (and homes if required by local ordinances). Local Fire Inspectors complete annual fire inspections to child care centers (and homes if required by local ordinances). Local Building Inspectors conduct initial building inspections to new centers (homes if required by local ordinances). Additional building inspections are not required unless the operator plans to use space not previously approved for child care, has made renovations to the building, has added new construction, or wants to remove a restriction related to building codes on the permit. In addition, unannounced visits are conducted by the state agency regarding complaints related to allegations of child maltreatment or violations of noncompliance.

In response to the Coronavirus (COVID-19) pandemic, and as per the US Office of Child Care approved waiver April 21, 2020 of CFR §98.42(b)(2), DCDEE is temporarily not enforcing fire inspections since these inspections are locally administered and guidance on these inspections will vary statewide. The requirement to conduct fire inspections will not be enforced until statewide local fire inspections occur or for a time not to exceed March 10, 2021.

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### 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: 03/18/2020

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

According to NC G.S. 110-106, religious sponsored child care facilities, including summer day camps, operate under a "Notice of Compliance" with child care laws and rules. The Division monitors programs that operate under a "Notice of Compliance" in the same manner as all other programs are monitored to ensure the facilities are healthy and safe for children, except for the Qualifications of Staff, Staff Development, and Developmentally Appropriate Practices. However, if religious sponsored child care facilities receive child care subsidies, they must meet the health and safety requirements, including staff training requirements as outlined in the Child Care Development Block Grant. Child care consultants conduct pre-licensing and unannounced inspections to religious sponsored programs operating under a Notice of Compliance. Environmental Health Specialists, hired by the local health department, complete biannual sanitation inspections to child care centers. Local Fire Inspectors complete annual fire inspections to child care centers. Local Building Inspectors conduct initial building inspections to new centers. An additional building inspection is not required unless the operator plans to use space not previously approved for child care, has made renovations to the building, has added new construction, or wants to remove a restriction related to building codes on the permit. In addition, unannounced visits are conducted regarding complaints related to allegations of child maltreatment or violations of noncompliance.

The North Carolina General Assembly enacted legislation effective January 1, 2016, exempting Department of Defense (DoD) certified child care facilities from licensure, this includes child development centers, family child care homes, and school-aged child care facilities operated aboard a military installation under the authorization of the US DoD certified by the DoD. DoD certified child care facilities must file with DCDEE a notice of intent to operate a child care facility. As part of its notice, each DoD certified child care facility must file a report to DCDEE indicating that it meets the minimum health and safety standards for child care facilities that are required by the DoD. DoD programs monitor their own programs.

In response to the 2020 Coronavirus (COVID-19) pandemic, and as per US Office of Child Care approved waiver April 21, 2020 of CFR §98.42(b)(2), North Carolina DCDEE temporarily suspended both announced and unannounced visits (inspections) until Consultant and provider safety could be maximized or for a time not to exceed March 10, 2021, with the exception of in response to a complaint or investigation of child maltreatment. DCDEE is temporarily not enforcing fire inspections since these inspections are locally administered and guidance on these inspections will vary statewide. Child Care Consultants are providing technical assistance and health related guidance to facilities that remain open during this COVID-19 crisis.

Provide the citation(s) for this policy or procedure

GS 110-85, GS 110-92, GS 110-93, GS 110-105, GS 110-106, 110-106.2, 10A NCAC 09 .0201, 10A NCAC 09 .0301, 10A NCAC 09 .0302, 10A NCAC 09 .0304, 10A NCAC 09 .1702, 10A NCAC 09 .1708, 10A NCAC 09 .1709, 10A NCAC 09 .2101

Citationof rules impacted by Coronavirus changes. 10A NCAC 09 .0201; .1709
Link to policy announcement:
https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/F/Flexibility_in_Policy_and_Regulatory_Requirements_Announced.pdf?ver=2020-03-18-165010-367

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

The same monitoring procedures are used for both license family child care home providers and exempt family child care providers.Each year, unannounced monitoring visits are completed to monitor health, safety and other applicable child care requirements. Annual fire and sanitation inspections may be required by local ordinances. Child Care Consultants inspect license-exempt Family Child Care Homes annually to ensure programs meet fire safety requirements, such as, being equipped with appropriate smoke detectors and fire extinguishers and children being cared for on the ground level with an exit at grade.

In response to the 2020 Coronavirus (COVID-19) pandemic, and as per US Office of Child Care approved waiver April 21, 2020 of CFR §98.42(b)(2), North Carolina DCDEE will temporarily suspend both announced and unannounced visits (inspections) until consultant and provider safety can be maximized or for a time not to exceed March 10, 2021, with the exception of in response to a complaint or investigation of child maltreatment. DCDEE is not enforcing fire inspections since these inspections are locally administered and guidance on these inspections will vary statewide.Child Care Consultants are providing technical assistance and health related guidance to facilities that remain open during this COVID-19 crisis.

Link to policy announcement:
https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/F/Flexibility_in_Policy_and_Regulatory_Requirements_Announced.pdf?ver=2020-03-18-165010-367

Provide the citation(s) for this policy or procedure
GS 110-85, GS 110-105, GS 110-106, 10A NCAC 09 .1707-.1709

Citationof rules impacted by Coronavirus changes. 10A NCAC 09 .0201; .1709
Link to policy announcement:
https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/F/Flexibility_in_Policy_and_Regulatory_Requirements_Announced.pdf?ver=2020-03-18-165010-367

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
The same monitoring procedures are used for both license family child care home providers and exempt family child care/in-home child care providers.Each year, unannounced monitoring visits are completed to monitor health, safety and other

applicable child care requirements. Annual fire and sanitation inspections may be required by local ordinances. Child Care Consultants inspect license-exempt in-home care programs annually to ensure programs meet fire safety requirements, such as, being equipped with appropriate smoke detectors and fire extinguishers and children being cared for on the ground level with an exit at grade.

In response to the 2020 Coronavirus (COVID-19) pandemic, and as per US Office of Child Care approved waiver of CFR §98.42(b)(2), North Carolina DCDEE temporarily suspended both announced and unannounced visits (inspections) until consultant and provider safety can be maximized or for a time frame not to exceed March 10, 2021, with the exception of in response to a complaint or investigation of child maltreatment. DCDEE is temporarily not enforcing fire inspections since these inspections are locally administered and guidance on these inspections will vary statewide.Child Care Consultants are providing technical assistance and health related guidance to facilities that remain open during this COVID-19 crisis.

Provide the citation(s) for this policy or procedure

GS 110-85, GS 110-105, GS 110-106, 10A NCAC 09 .1707-.1709

Citationof rules impacted by Coronavirus changes. 10A NCAC 09 .0201; .1709

Link to policy announcement:
https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/F/Flexibility_in_Policy_and_Regulatory_Requirements_Announced.pdf?ver=2020-03-18-165010-367

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

NA

### 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)).

The minimum education and experience for child care consultants is as follows: Graduation from a four-year college or university with a degree in child development, early childhood education, special education, social work, or related human services area and three years' experience in a child care or related setting involving the coordination, evaluation, or administration of a comprehensive program of child care services or in the coordination or management of the child care component of a local social services program; or Master's degree in one of the above areas and two years' experience in a child care or related setting involving the coordination, evaluation, or administration of a comprehensive program of child care services in the coordination or management of the child care component of a local social services program, or as an instructor or curriculum design specialist at the university or community college level; or An equivalent combination of education and experience. Once hired, child care consultants must complete orientation and basic job skills training within the first year of employment. This includes training on the required health and safety topics and all aspects of the State's licensing requirements, as well as, field visits with other child care consultants,

investigators, and supervisor.

b) Provide the citation(s) for this policy or procedure

Job classifications andspecifications are available through the NC Office of State Human Resources.

**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.

As of March 1, 2018, there are a total of 6,192 licensed child care facilities and 111 child care consultants. The caseload averages 55-60 facilities per child care consultant. This caseload is sufficient to conduct effective inspections in a timely manner and provide technical assistance, as needed. The Regulatory Services Section of the Division of Child Development and Early Education aligns practices closely with the National Association for Regulatory Administration. The Regulatory Services' ratio of consultants to programs is aligned with the recommendation of 50-60 facilities per child care consultant in the National Association for Regulatory Administration document, Best Practices for Human Care Regulation (p. 23).

b) Provide the policy citation and state/territory ratio of licensing inspectors

The average caseload of 55-60 facilities per child care consultant is based on the total number of consultants and licensed child care facilities. DCDEE bases its practices on successful practices of other states and recommendations from the National Assocation for Regulatory Administration (NARA). The recommended ratio from the NARA document, Best Practices for Human Care Regulation (p.23), is 50-60 facilities per child

care consultant.

**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 fingerprints in the current state of residency | Milestone/Prerequisite for Waiver | Possible Time Limited 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:<br>--Establishing requirements and procedures and/or<br>--Conducting checks on all new (prospective) staff and/or<br>--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:<br>--Establishing requirements and procedures and/or<br>--Conducting checks on all new (prospective) staff and/or<br>--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:<br>--Establishing requirements and procedures and/or<br>--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:<br>--Establishing requirements and procedures and/or<br>--Conducting checks on all new (prospective) staff and/or<br>--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: 10/01/2020

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

The North Carolina Child Care Law requires a criminal background check, including the search of the in-state criminal registry with the use of fingerprints, be conducted every three years and a determination of fitness be made on all persons who work or provide child care in a licensed or regulated child care facility, including licensed tribal child care programs and any licensed afterschool programs. The law exempts certain programs from getting a license, such as those operating under four hours, 4-H groups and Boys and Girls clubs. These programs do not receive funds from CCDF unless they choose to voluntarily be licensed.

All individuals who reside in a family child care home and age 16 and older must also complete a criminal background check, regardless of whether they are caring for children or not.

Each prospective child care operator and provider (which includes any household member, age 16 and older), must complete the criminal background check and receive a valid criminal background check qualification letter prior to: Being hired by a child care facility; Receiving a license to own or operate a child care facility; Becoming a household member of a family child care home (FCCH) or center located in a residence; Moving into

a FCCH or center located in a residence; Working as a substitute in a child care facility; and Working as an uncompensated provider who will be counted in staff/child ratio or left alone with children in a child care facility.
North Carolina recently implemented an electronic Criminal Background Check Portal for individuals to make application for their criminal background check to be processed. The individual includes basic personal identifiable information in the Portal. A manual check of the NC Administrative Office of the Courts (AOC) database is completed. In North Carolina, this database includes crimes not fingerprinted that require an individual be disqualified, for example, misdemeanor child abuse. In addition, the portal alerts the applicant to get their fingerprints completed so that the North Carolina and federal fingerprint can be checked. North Carolina requires all providers to obtain a LiveScan fingerprint impression. In North Carolina, we have implemented disqualification of individuals based on the crimes outlined in the Child Care Development Block Grant Act. North Carolina has additional crimes that result in disqualification of an individual. In addition, any child care provider that intentionally falsifies information pertaining to a criminal background check or refuses to consent to a criminal background check is disqualified. There are some crimes in North Carolina that, if convicted, the Division requests the applicant provide additional information for a panel of individuals from across the Division to consider prior to making a decision regarding disqualification. All disqualified applicants have the right to appeal the decision within 60 days through the Administrative Office of the Courts.

Citations: North Carolina General Statute 110-86(2)(a-k);110-90.2 and North Carolina Child Care Rule 10A NCAC 09.2700.

In response to the Coronavirus and temporarily closed fingerprinting offices, individuals who had not completed a criminal background check prior to the coronavirus crisis and individuals whose criminal background checks had expired, were not allowed to work in child care until fingerprint offices re-opened. As of August 20, 2020, 98 of 100 counties were fingerprinting applicants.

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

Any provider that is not licensed or regulated will not be eligible for CCDF services. The law exempts certain programs from getting a license, suchas those operating under four hours, 4-H groups and Boys and Girls clubs. These programs do not receive funds from CCDF unless they choose to voluntarily be licensed.

Religious Sponsored child care programs are regulated and operate under a Notice of Compliance and not a child care license. Under a Notice of Compliance these programs must meet all the child care requirements, including health and safety and criminal background check requirements. They are exempt from specified staff qualifications and training requirements; and age appropriate activities requirements.They are also allowed to use corporal punishment if they follow additional requirements for its use.

Citations: G.S. 110-90.2; 10A NCAC 09.2101(a)(4); 10A NCAC 09.2101-.2102.

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.

☑ 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:

Efforts - A search of the state criminal registry or repository, with the use of fingerprints has been conducted on all current (existing) child care staff, with the exception of staff employed by the local education agencies. Key challenges - Criminal background checks for staff employed by the local education agencies is conducted by each county where the employee works in the public school system. There is no standard requirement across the state; therefore, we are unable to determine if these requirements have been met for the current (existing) and new staff. The biggest challenge to implementing this requirement is ensuring the vast number of local education agencies across the state and all the employees in those programs complete this requirement by the deadline. In addition, this will be an entirely different process for these programs and staff. Strategies - Through collaboration with the Department of Public Instruction, all current (existing) and new staff will be checked for this requirement by September 30, 2019. These checks will be completed through the State Criminal Background Check Portal. The Division will continue to collaborate with the local education agencies to ensure the checks are completed as required by issuing public notices, working with local education agencies to get information out, and by monitoring the licensed child care programs to make sure it is completed.

Child care staff who were working in licensed child care programs who have a qualification letter that has expired during the COVID-19 pandemic were allowed to continue working with the guidance that 60 days after the Governor rescinds the Executive Order 135 they complete criminal background check renewal process.

DCDEE has requested from the ACF, Office of Child Care a new waiver for extraordinary circumstances associated with the COVID-19 pandemic with a preferred start date of October 1, 2020 and an end date of September 30, 2021; the allowable timeframe of the waiver.

In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care waiver letter approved November 24, 2020, of requirement 45 CFR 98.43(b)(3)(i), the Division is allowing an additional year (October 1, 2020 through September 30, 2021) for local education agency staff, including staff of NC Pre-Kindergarten programs and licensed before and after school programs, to complete the DCDEE criminal background check process.

### 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: 10/01/2020

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 North Carolina Child Care Law requires a criminal background check, including the search of the in-state sex offender registry, be conducted every three years and a determination of fitness be made on all persons who work or provide child care in a licensed or regulated child care facility, including licensed tribal child care programs and any licensed afterschool programs. The law exempts certain programs from getting a license, such as those operating under four hours, 4-H groups and Boys and Girls clubs. These programs do not receive funds from CCDF unless they choose to voluntarily be licensed.

All individuals who reside in a family child care home and are age 16 and older must also complete a criminal background check, regardless of whether they are caring for children or not.

Each prospective child care operator and provider (which includes any household member, age 16 and older), must complete the criminal background check and receive a valid criminal background check qualification letter prior to: Being hired by a child care facility; Receiving a license to own or operate a child care facility; Becoming a household member of a family child care home (FCCH) or center located in a residence; Moving into a FCCH or center located in a residence; Working as a substitute in a child care facility; and Working as an uncompensated provider who will be counted in staff/child ratio or left alone with children in a child care facility. Applicants include basic personal identifiable information in the Criminal Background Check Portal and the system conducts checks of the North Carolina Sex Offender Registry. In addition, the fingerprint check includes a

check of the National Crime Information Center (NCIC). North Carolina law requires every applicants name be searched against the North Carolina Sex Offender Registry. If the applicant is on the Registry, the applicant is disqualified and a disqualification letter will be sent to the applicant. All disqualified applicants have the right to appeal the decision within 60 days through the Administrative Office of the Courts.

Citations: North Carolina General Statute 110-86(2)(a-k);110-90.2 and North Carolina Child Care Rule 10A NCAC 09.2700.

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

Any provider that is not licensed or regulated will not be eligible for CCDF services. The law exempts certain programs from getting a license, suchas those operating under four hours, 4-H groups and Boys and Girls clubs. These programs do not receive funds from CCDF unless they choose to voluntarily be licensed.

Religious Sponsored child care programs are regulated and operate under a Notice of Compliance and not a child care license. Under a Notice of Compliance these programs must meet all the child care requirements, including health and safety and criminal background check requirements. They are exempt from specified staff qualifications and training requirements; and age appropriate activities requirements.They are also allowed to use corporal punishment, if they follow additional requirements for its use.

Citations: G.S. 110-90.2; 10A NCAC 09.2101(a)(4); 10A NCAC 09.2101-.2102.

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.

☑ 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:

A search of the state sex offender registry or repository has been conducted on all current (existing) child care staff, with the exception of staff employed by the local education agencies. Key challenges - Criminal background checks for staff employed by the local education agencies is conducted by each county where the employee works in the public school system. There is no standard requirement across the state; therefore, we are unable to determine if these requirements have been met for the current (existing) and new staff. The biggest challenge to implementing this requirement is ensuring the vast number of local education agencies across the state and all the employees in those programs complete this requirement by the deadline. In addition, this will be an entirely different process for these programs and staff. Strategies - Through collaboration with the Department of Public Instruction, all current (existing) and new staff will be checked for this requirement by September 30, 2019. These checks will be completed through the State Criminal Background Check Portal. The Division will continue to collaborate with the local education agencies to ensure the checks are completed as required by issuing public notices, working with local education agencies to get information out, and by monitoring the licensed child care programs to make sure it is completed.

Citation - North Carolina General Statute 110-90.2 and North Carolina Child Care Rule 10A NCAC 09 .2700

DCDEE has requested from the ACF, Office of Child Care a new waiver for extraordinary circumstances associated with the COVID-19 pandemic with a preferred start date of October 1, 2020 and an end date of September 30, 2021; the allowable timeframe of the waiver.

In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care waiver letter approved November 24, 2020 of requirement, 45 CFR 98.43 (b)(3)(ii), the Division is allowing an additional year (October 1, 2020 through September 30, 2021) for local education agency staff, including staff of NC Pre-Kindergarten programs and licensed before and after school programs, to complete the criminal background check process.

### 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: 10/01/2020

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

The North Carolina Child Care Law requires a criminal background check, including a search of the in-state child maltreatment registry, be conducted every three years and a determination of fitness be made on all persons who work or provide child care in a licensed or regulated child care facility, including licensed tribal child care programs and any licensed afterschool programs. The law exempts certain programs from getting a license, such as those operating under four hours, 4-H groups and Boys and Girls clubs. These programs do not receive funds from CCDF unless they choose to voluntarily be licensed.

All individuals who reside in a family child care home and are age 16 and older must also complete a criminal background check, regardless of whether they are caring for children or not.

Each prospective child care operator and provider (which includes any household member, age 16 and older), must complete the criminal background check and receive a

valid criminal background check qualification letter prior to: Being hired by a child care facility Receiving a license to own or operate a child care facility Becoming a household member of a family child care home (FCCH) or center located in a residence Moving into a FCCH or center located in a residence Working as a substitute in a child care facility Working as an uncompensated provider who will be counted in staff/child ratio or left alone with children in a child care facility. Applicants include basic personal identifiable information in the Criminal Background Check Portal and the system conducts checks of the North Carolina Abuse and Neglect Registries (NC DSS Responsible Individuals List and NC DCDEE Child Maltreatment Registry). If the system matches an applicant as possibly being on either the RIL or the CMR, they are instructed to contact the Criminal Background Check Unit staff. If the Criminal Background Check Unit staff determine the individual is on the RIL or the CMR, a disqualification letter will be sent to the applicant. North Carolina law does not allow an individual placed on the North Carolina DSS Responsible Individuals List (RIL) database or the North Carolina DCDEE Child Maltreatment Registry (CMR) to work in child care. Placement on both the RIL and CMR repositories are permanent. All disqualified applicants have the right to appeal the decision within 60 days through the Administrative Office of the Courts.

Citation - North Carolina General Statute 110-86(2)(a-k); 110-90.2, 110-105.5 (c), and 7B-311(b), and North Carolina Child Care Rule 10A NCAC 09 .2700

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

Any provider that is not licensed or regulated will not be eligible for CCDF services. The law exempts certain programs from getting a license, suchas those operating under four hours, 4-H groups and Boys and Girls clubs. These programs do not receive funds from CCDF unless they choose to voluntarily be licensed.

Religious Sponsored child care programs are regulated and operate under a Notice of Compliance and not a child care license. Under a Notice of Compliance these programs must meet all the child care requirements, including health and safety and criminal background check requirements. They are exempt from specified staff qualifications and training requirements; and age appropriate activities requirements.They are also allowed to use corporal punishment, if they follow additional requirements for its use.

Citations: G.S. 110-90.2; 10A NCAC 09.2101(a)(4); 10A NCAC 09.2101-.2102.

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.

☑ 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:

A search of the state child abuse and neglect registries has been conducted on all current (existing) child care staff, with the exception of staff employed by the local education agencies. Key challenges - Criminal background checks for staff employed by the local education agencies is conducted by each county where the employee works in the public school system. There is no standard requirement across the state; therefore, we are unable to determine if these requirements have been met for the current (existing) and new staff. The biggest challenge to implementing this requirement is ensuring the vast number of local education agencies across the state and all the employees in those programs complete this requirement by the deadline. In addition, this will be an entirely different process for these programs and staff. Strategies - Through collaboration with

the Department of Public Instruction, all current (existing) and new staff will be checked for this requirement by September 30, 2019. These checks will be completed through the State Criminal Background Check Portal. The Division will continue to collaborate with the local education agencies to ensure the checks are completed as required by issuing public notices, working with local education agencies to get information out, and by monitoring the licensed child care programs to make sure it is completed.

DCDEE has requested from the ACF, Office of Child Care a new waiver for extraordinary circumstances associated with the COVID-19 pandemic with a preferred start date of October 1, 2020 and an end date of September 30, 2021; the allowable timeframe of the waiver.

In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care waiver letter approved November 24, 2020 of requirement, 45 CFR 98.43(b)(3)(iii), the Division is allowing an additional year (October 1, 2020 through September 30, 2021) for local education agency staff, including staff of NC Pre-Kindergarten programs and licensed before and after school programs, to complete the criminal background check process.

## 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: 10/01/2020

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 North Carolina Child Care Law requires a criminal background check, including a National FBI Fingerprint check, be conducted every three years and a determination of fitness be made on all persons who work or provide child care in a licensed or regulated child care facility, including licensed tribal child care programs and any licensed afterschool programs.The law exempts certain programs from getting a license, such as those operating under four hours, 4-H groups and Boys and Girls clubs. These programs do not receive funds from CCDF unless they choose to voluntarily be licensed. .

All individuals who reside in a family child care home and are age 16 and older must also complete a criminal background check regardless of whether they are caring for children or not.

Each prospective child care operator and provider (which includes any household member, age 16 and older), must complete the criminal background check and receive a valid criminal background check qualification letter prior to: Being hired by a child care facility; Receiving a license to own or operate a child care facility; Becoming a household member of a family child care home (FCCH) or center located in a residence; Moving into a FCCH or center located in a residence; Working as a substitute in a child care facility; and Working as an uncompensated provider who will be counted in staff/child ratio or left alone with children in a child care facility. Applicants include basic personal identifiable information in the Criminal Background Check Portal and the system conducts checks of the North Carolina Abuse and Neglect Registries (NC DSS Responsible Individuals List and NC DCDEE Child Maltreatment Registry). If the system matches an applicant as possibly being on either the RIL or the CMR, they are instructed to contact the Criminal Background Check Unit staff. If the Criminal Background Check Unit staff determine the individual is on the RIL or the CMR, a disqualification letter will be sent to the applicant. North Carolina law does not allow an individual placed on the North Carolina DSS Responsible Individuals List (RIL) database or the North Carolina DCDEE Child Maltreatment Registry (CMR) to work in child care. Placement on both the RIL and CMR repositories are permanent. All disqualified applicants have the right to appeal the decision within 60 days through the Administrative Office of the Courts.

Citation - North Carolina General Statute 110-86(2)(a-k); 110-90.2, and 110-105.5 (c).
North Carolina Child Care Rule 10A NCAC 09 .2700

In response to the Coronavirus and temporarily closed fingerprinting offices, individuals who had not completed a criminal background check prior to the Coronavirus crisis and individuals whose criminal background checks had expired, were not allowed to work in child care until fingerprinting offices re-opened. As of August 20, 2020, 98 of 100 counties were fingerprinting applicants.

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

Any provider that is not licensed or regulated will not be eligible for CCDF services. The law exempts certain programs from getting a license, suchas those operating under four hours, 4-H groups and Boys and Girls clubs. These programs do not receive funds from CCDF unless they choose to voluntarily be licensed.

Religious Sponsored child care programs are regulated and operate under a Notice of Compliance and not a child care license. Under a Notice of Compliance these programs must meet all the child care requirements, including health and safety and criminal background check requirements. They are exempt from specified staff qualifications and training requirements; and age appropriate activities requirements.They are also allowed to use corporal punishment, if they follow additional requirements for its use.

Citations: G.S. 110-90.2; 10A NCAC 09.2101(a)(4); 10A NCAC 09.2101-.2102.

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.

☑ 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:

Efforts - A search of the FBI fingerprint check using Next Generation Identification has been conducted on all current (existing) child care staff, with the exception of staff employed by the local education agencies. Key challenges - Criminal background checks for staff employed by the local education agencies is conducted by each county where the employee works in the public school system. There is no standard requirement across the state; therefore, we are unable to determine if these requirements have been met for the current (existing) and new staff. The biggest challenge to implementing this requirement is ensuring the vast number of local education agencies across the state and all the employees in those programs complete this requirement by the deadline. In addition, this will be an entirely different process for these programs and staff. Strategies - Through collaboration with the Department of Public Instruction, all current (existing) and new staff will be checked for this requirement by September 30, 2019. These checks will be completed through the State Criminal Background Check Portal. The Division will continue to collaborate with the local education agencies to ensure the checks are completed as required by issuing public notices, working with local education agencies to get information out, and by monitoring the licensed child care programs to make sure it is completed. Citation - North Carolina General Statute 110-90.2, and North Carolina Child Care Rule 10A NCAC 09 .2700

Child care staff who were working in licensed child care programs who have a

qualification letter that has expired during the COVID-19 pandemic were allowed to continue working with the guidance that 60 days after the Governor rescinds the Executive Order 135, they complete criminal background check renewal process.

DCDEE has requested from the ACF, Office of Child Care a new waiver for extraordinary circumstances associated with the COVID-19 pandemic with a preferred start date of October 1, 2020 and an end date of September 30, 2021; the allowable timeframe of the waiver.

In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care waiver letter approved November 24, 2020 of requirement, 45 CFR 98.43(b)(1), the Division is allowing an additional year (October 1, 2020 through September 30, 2021) for local education agency staff, including staff of NC Pre-Kindergarten programs and licensed before and after school programs, to complete the criminal background check process.

## 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: 10/01/2018

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

All child care providers are required to submit a criminal background check prior to working in a licensed child care program in the state. This is completed when the applicant submits fingerprints to the SBI to be processed. There is a check of the

NCIC and NSOR based off of the fingerprint check.
N.C.G.S 110-90.2.

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

All child care providers, including license-exempt CCDF eligible providers, are required to submit a criminal background check prior to working in a licensed child care program in the state. This is completed when the applicant submits fingerprints to the SBI to be processed. There is a check of the NCIC and NSOR based off of the fingerprint check.
N.C.G.S 110-90.2.

☐ 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:

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:

**Efforts to complete - A search of the NCIC's National Sex Offender Registry has been conducted on all current (existing) child care staff with the exception of staff employed by the local education agencies. Key challenges - Criminal background checks for staff employed by the local education agencies is conducted by each county where the employee works in the public school system. There is no standard requirement across the state; therefore, we are unable to determine if these requirements have been met for the current (existing) and new staff. The biggest challenge to implementing this requirement is ensuring the vast number of local education agencies across the state and all the employees in those programs complete this requirement by the deadline. In addition, this will be an entirely different process for these programs and staff. Strategies - Through collaboration with the Department of Public Instruction, all current (existing) and new staff will be checked for this requirement by September 30, 2019. These checks will be completed through the State Criminal Background Check Portal. The Division will continue to collaborate with the local education agencies to ensure the checks are completed as required by issuing public notices, working with local education agencies to get information out, and by monitoring the licensed child care programs to make sure it is completed.**

**DCDEE has requested from the ACF Office of Child Care a new waiver for extraordinary circumstances associated with the COVID-19 pandemic with a preferred start date of October 1, 2020 and an end date of September 30, 2021; the allowable timeframe of the waiver.**

**In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care waiver letter approved November 24, 2020 of requirement, 45 CFR 98.43(b)(2), the Division is allowing an additional year (October 1, 2020 through September 30,**

**2021) for local education agency staff, including staff of NC Pre-Kindergarten programs and licensed before and after school programs, to complete the criminal background check process.**

## 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: 10/01/2020

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

All child care providers are required to submit a criminal background check prior to working in a licensed child care program in the state. This is completed when the applicant submits fingerprints to the SBI to be processed. There is a check of the

NCIC and NSOR based off of the fingerprint check.
N.C.G.S 110-90.2.

The state passed Child Care Rules, 10A NCAC 09 .2702 (3), 10A NCAC 09 .2703 (f) and (g), January 1, 2019, allowing applicants to be provisionally qualified based on favorable results of their North Carolina fingerprint-based background check which includes the NC SBI fingerprint results, NC Responsible Individuals List (RIL) registry check, NC Sex Offender registry check, and NC Child Maltreatment Registry check. The provisional qualification is valid for six months to allow additional time for the applicant to obtain the out-of-state background check report in states where they have resided the previous five years. Provisional staff must be supervised by an individual who has received a qualifying result on a criminal background check in the last three years. Rule 10A NCAC 09.2703 (f)

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

All child care providers, including license exempt CCDF eligible providers, are required to submit a criminal background check prior to working in a licensed child care program in the state. This is completed when the applicant submits fingerprints to the SBI to be processed. There is a check of the NCIC and NSOR based off of the fingerprint check.
N.C.G.S 110-90.2.

☐ 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:

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 implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF : North Carolina Criminal Background Check Portal requires applicants to record the states where they have lived for the proceeding five years effective January 4, 2018. The applicant is responsible for obtaining criminal record checks in the states they have lived for the proceeding five years. The Criminal Background Check Unit (CBCU) staff send contact information about the states to the individual where they have resided to assist the applicant. In some situations, the CBCU staff will contact the states if the applicant is unable to obtain their criminal background check or if the state requires the state to request the information. When an applicant applies from a state that participates in the National Fingerprint File (NFF) program, North Carolina accepts that information and processes the application, fully implementing this requirement. Key efforts - North Carolina has set up the system to assist applicants, but is relying on other states to come into compliance with this process in order to fully implement the

requirement. Challenges - Despite requests for applicants to obtain information from other states, some states have indicated that their statutes and /or policies do not allow the sharing of this information. This delay has caused a hardship on the applicants that are unable to obtain this information. In addition, meeting the 45 day mandate to complete a criminal background check is not possible when other states do not respond timely. North Carolina statute does not allow provisional status for applicants; therefore, applicants are not getting results for up to 45 days and longer. This causes the applicants to look for other work and the child care program to be without needed qualified staff. If all states participated in the NFF program, this process would be streamlined. Strategies - CBCU staff have contacted other states to find out contact information, required forms and their processes. Regarding the closed states that do not share information, we are forced to process the applicants criminal background check based on the North Carolina criminal background check information.

The state passed Child Care Rules, 10A NCAC 09 .2702 (3), 10A NCAC 09 .2703 (f) and (g), January 1, 2019, allowing applicants to be provisionally qualified based on favorable results of their North Carolina fingerprint-based background check which includes the NC SBI fingerprint results, NC Responsible Individuals List (RIL) registry check, NC Sex Offender registry check, and NC Child Maltreatment Registry check. The provisional qualification is valid for six months to allow additional time for the applicant to obtain the out-of-state background check report in states where they have resided the previous five years. Provisional staff must be supervised by an individual who has received a qualifying result on a criminal background check in the last three years. Rule 10A NCAC 09.2703 (f)

DCDEE has requested from the ACF, Office of Child Care a new waiver for extraordinary circumstances associated with the COVID-19 pandemic with a preferred start date of October 1, 2020 and an end date of September 30, 2021; the allowable timeframe of the waiver.

In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care waiver letter approved November 24, 2020 of requirement, 45 CFR 98.43 (b)(3)(i), the Division is allowing an additional year (October 1, 2020 through September 30, 2021) for local education agency staff, including staff of NC Pre-Kindergarten programs and licensed before and after school programs, to complete the criminal background check

process.

**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: 10/01/2020

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

All child care providers are required to submit a criminal background check prior to working in a licensed child care program in the state. This is completed when the applicant submits fingerprints to the SBI to be processed. There is a check of the NCIC and NSOR based off of the fingerprint check.

N.C.G.S 110-90.2.

The state passed Child Care Rules, 10A NCAC 09 .2702 (3), 10A NCAC 09 .2703 (f) and (g), January 1, 2019, allowing applicants to be provisionally qualified based on favorable results of their North Carolina fingerprint-based background check which includes the NC SBI fingerprint results, NC Responsible Individuals List (RIL) registry check, NC Sex Offender registry check, and NC Child Maltreatment Registry check. The provisional qualification is valid for six months to allow additional time for the applicant to obtain the out-of-state background check report in states where they have resided the previous five years. Provisional staff must be supervised by an individual who has received a qualifying result on a criminal background check in the last three

years. Rule 10A NCAC 09.2703 (f)

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

All child care providers, including license-exmpt CCDF eligible providers, are required to submit a criminal background check prior to working in a licensed child care program in the state. This is completed when the applicant submits fingerprints to the SBI to be processed. There is a check of the NCIC and NSOR based off of the fingerprint check.

N.C.G.S 110-90.2.

☐ 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:

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 implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF : North Carolina Criminal Background Check portal requires applicants to record the states where they have lived for the proceeding five years effective January 4, 2018. The applicant is responsible for obtaining criminal record checks in the states they have lived for the proceeding five years. The CBCU staff send contact information about the states to the individual where they have resided to assist the applicant. In some situations, the CBCU staff will contact the states if the applicant is unable to obtain their criminal background check or if the state requires the state to request the information. North Carolina has set up the system to assist applicants but is relying on other states to come into compliance with this process in order to fully implement the requirement. Challenges - Despite requests for applicants to obtain information from other states, some states have indicated that their statutes and /or policies do not allow the sharing of this information. This delay has caused a hardship on the applicants that are unable to obtain this information. In addition, meeting the 45 day mandate to complete a criminal background check is not possible when other states do not respond timely. North Carolina statute does not allow provisional status for applicants; therefore, applicants are not getting results for up to 45 days and longer. This causes the applicants to look for other work and the child care program to be without needed qualified staff. Strategies - CBCU staff have contacted other states to find out contact information, required forms and their processes. Regarding the closed states that do not share information, we are forced to process the applicants criminal background check based on the North Carolina criminal background check information.

The state passed Child Care Rules, 10A NCAC 09 .2702 (3), 10A NCAC 09 .2703 (f) and (g), January 1, 2019, allowing applicants to be provisionally qualified based on favorable results of their North Carolina fingerprint-based background check which includes the NC

SBI fingerprint results, NC Responsible Individuals List (RIL) registry check, NC Sex Offender registry check, and NC Child Maltreatment Registry check. The provisional qualification is valid for six months to allow additional time for the applicant to obtain the out-of-state background check report in states where they have resided the previous five years. Provisional staff must be supervised by an individual who has received a qualifying result on a criminal background check in the last three years. Rule 10A NCAC 09.2703 (f)

DCDEE has requested from the ACF, Office of Child Care a new waiver for extraordinary circumstances associated with the COVID-19 pandemic with a preferred start date of October 1, 2020 and an end date of September 30, 2021; the allowable timeframe of the waiver.

In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care waiver letter approved November 24, 2020 of requirement, 45 CFR 98.43 (b)(3)(ii), the Division is allowing an additional year (October 1, 2020 through September 30, 2021) for local education agency staff, including staff of NC Pre-Kindergarten programs and licensed before and after school programs, to complete the criminal background check process.

### 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: 10/01/2020

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

All child care providers are required to submit a criminal background check prior to working in a licensed child care program in the state. This is completed when the applicant submits fingerprints to the SBI to be processed. There is a check of the NCIC and NSOR based off of the fingerprint check.
N.C.G.S 110-90.2.

The state passed Child Care Rules, 10A NCAC 09 .2702 (3), 10A NCAC 09 .2703 (f) and (g), January 1, 2019, allowing applicants to be provisionally qualified based on favorable results of their North Carolina fingerprint-based background check which includes the NC SBI fingerprint results, NC Responsible Individuals List (RIL) registry check, NC Sex Offender registry check, and NC Child Maltreatment Registry check. The provisional qualification is valid for six months to allow additional time for the applicant to obtain the out-of-state background check report in states where they have resided the previous five years. Provisional staff must be supervised by an individual who has received a qualifying result on a criminal background check in the last three years. Rule 10A NCAC 09.2703 (f)

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

All child care providers, including license-exempt CCDF eligible providers, are required to submit a criminal background check prior to working in a licensed child care program in the state. This is completed when the applicant submits fingerprints to the SBI to be processed. There is a check of the NCIC and NSOR based off of the fingerprint check.
N.C.G.S 110-90.2.

☐ 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:

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 implement the requirement for all (prospective and existing) licensed, regulated and registered providers; and all providers eligible to provide care for children receiving CCDF: North Carolina Criminal Background Check portal requires applicants to record the states where they have lived for the proceeding five years effective January 4, 2018. The applicant is responsible for obtaining child abuse and neglect registry checks in the states they have lived for the proceeding five years. The CBCU staff send contact

information about the other states to the individual where they have resided to assist the applicant. In some situations, the CBCU staff will contact the states if the applicant is unable to obtain their criminal background check or if the state requires the state to request the information. North Carolina has set up the system to assist applicants but is relying on other states to assist with this process in order to fully implement the requirement. Challenges - Despite requests for applicants to obtain information from other states, some states have indicated that their statutes and /or policies do not allow the sharing of this information. This delay has caused a hardship on the applicants that are unable to obtain this information. In addition, meeting the 45 day mandate to complete a criminal background check is not possible when other states do not respond timely. North Carolina statute does not allow provisional status for applicants; therefore, applicants are not getting results for up to 45 days and longer. This causes the applicants to look for other work and the child care program to be without needed qualified staff. Strategies - CBCU staff have contacted other states to find out contact information, required forms and their process. Regarding the closed states that do not share information, we are forced to process the applicants criminal background check based on the North Carolina criminal background check information.

The state passed Child Care Rules, 10A NCAC 09 .2702 (3), 10A NCAC 09 .2703 (f) and (g), January 1, 2019, allowing applicants to be provisionally qualified based on favorable results of their North Carolina fingerprint-based background check which includes the NC SBI fingerprint results, NC Responsible Individuals List (RIL) registry check, NC Sex Offender registry check, and NC Child Maltreatment Registry check. The provisional qualification is valid for six months to allow additional time for the applicant to obtain the out-of-state background check report in states where they have resided the previous five years. Provisional staff must be supervised by an individual who has received a qualifying result on a criminal background check in the last three years. Rule 10A NCAC 09.2703 (f)

DCDEE has requested from the ACF, Office of Child Care a new waiver for extraordinary circumstances associated with the COVID-19 pandemic with a preferred start date of October 1, 2020 and an end date of September 30, 2021; the allowable timeframe of the waiver.

In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care

waiver letter approved November 24, 2020 of requirement, 45 CFR 98.43 (b)(3)(iii), the Division is allowing an additional year (October 1, 2020 through September 30, 2021) for local education agency staff, including staff of NC Pre-Kindergarten programs and licensed before and after school programs, to complete the criminal background check process.

**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: 10/26/2020

☑ 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:

The state passed Child Care Rules, 10A NCAC 09 .2702 (3), 10A NCAC 09 .2703 (f) and (g), January 1, 2019, allowing applicants to be provisionally qualified based on favorable results of their North Carolina fingerprint-based background check which includes the NC SBI fingerprint results, NC Responsible Individuals List (RIL) registry check, NC Sex Offender registry check, and NC Child Maltreatment Registry check. The provisional qualification is valid for six months to allow additional time for the applicant to obtain the out-of-state background check report in states where they have resided the previous five years. Provisional staff must be supervised by an individual who has received a qualifying result on a criminal background check in the last three years. Rule 10A NCAC 09.2703 (f)

☐ 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:

The state does not allow prospective staff members to begin work until the criminal background process is complete; however rule language is being considered which will allow the hiring of provisional staff (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

**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)).

North Carolina requires that other states complete a form that is located on the Division website and submit to the Criminal Background Check Unit. Once the request is received, CBCU staff complete the request by conducting a check of the North Carolina Administrative Office of the Courts (AOC) database, the Responsible Individuals List (RIL), the state's Sex Offender Registry, and the Child Maltreatment Registry (CMR) at no cost to the applicant. The results are mailed to the address the applicant supplied within two to three days upon receipt on average. If there is a criminal charge in the North Carolina AOC database, the results are mailed to the state office where the applicant resides.

**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:

DCDEE POLICY This policy will identify crimes requiring mandatory disqualification of a child care provider and will identify some of the crimes for which DCDEE may disqualify a child care provider. This policy gives effect to N.C.G.S. § 110-90.2(b), which provides in relevant part, "The Department shall ensure that prior to employment and every three years thereafter, the criminal history of all child care providers is checked and a determination is made of the child care provider's fitness to have responsibility for the safety and well-being of children based on the criminal history." This policy sets forth the procedure for review of an individual's criminal history pursuant to N.C.G.S. § 110-90.2. The list of crimes in this policy is not exhaustive. DCDEE may determine that a crime not listed in this document has a bearing on an individual's fitness to care for children. The objective of this policy is: To set forth agency procedures for processing criminal record check applications of a child care provider with relevant hits; To set forth the offenses that require immediate disqualification; To set forth the offenses that are subject to expedited review; and To set forth some of the offenses listed in N.C.G.S. § 110-90.2(c) that must be considered for disqualification in determining if an applicant is qualified; and To set forth the offenses requiring immediate disqualification pursuant to CCDBG. DEFINITIONS For the purpose of this specific DHHS, DCDEE policy, the proceeding terms are defined as the following: Criminal Offense: Conviction(s), pending charge(s) or pending indictment(s) specified on a child care provider's criminal history. Relevant Hit: Conviction(s), pending charge(s) or pending indictment(s) specified on a child care

provider's criminal history that could affect a child care provider's ability to be employed in licensed or regulated child care or have residency in a family child care home, non-licensed home receiving subsidy or center in a residence in North Carolina. Internal Review Panel: An independent body consisting of employees of the DCDEE charged with reviewing criminal histories and weighing the evidence and explanation of child care providers as it relates to their fitness to care for the safety and well-being of children. Request for Additional Information Letter: A request for information in which the child care provider has 15 business days to submit information they wish the Internal Review Panel to consider before a final agency decision is rendered as to their fitness to care for the safety and well-being of children. Failure to respond to the letter within 15 business days will result in the child care provider being disqualified. DCDEE Management Representative: An employee of the DCDEE who has responsibility for the supervision of people or programs within DCDEE. DUI/DWI: Driving while under the influence or driving while intoxicated by either drugs (legal and/or illegal) and/or alcohol. Minor Traffic Offense: A traffic offense that includes, but is not limited to, speeding tickets, seat belt violations, registration of the vehicle, and operational status of the vehicle. It does not include offenses such as DWI or DUI. IMPLEMENTATION Mandatory Disqualification Pursuant to N.C.G.S. § 110-90.2 and 42 U.S.C. § 9858, et seq. The following require automatic and immediate disqualification of an individual: Pending charge or conviction of a misdemeanor or felony crime involving child neglect or child abuse; Pending charge or conviction of assault on a child under 12; Pending charge or conviction of contributing to the delinquency of a minor or juvenile; Pending charge or conviction of exposing a child to fire; Pending felony charge or conviction of: Crimes against children, including child pornography; Murder Spousal abuse Crimes involving rape or sexual assault Kidnapping Arson Physical assault or battery Drug-related offense committed during the preceding 5 years; Pending violent misdemeanor or a conviction committed as an adult against a child, including child endangerment, sexual assault, or of a misdemeanor involving child pornography; Placement on any state's child abuse/neglect registry or adjudicated a responsible individual pursuant to N.C.G.S. § 7B-807(a1); Placement on the NC Child Maltreatment Registry pursuant to N.C.G.S. § 110-105.5(c); Registered or required to be registered on a state sex offender registry or repository or the National Sex Offender Registry (established by the Adam Walsh Child Protection and Safety Act of 2006 (42 U.S.C. 16901, et seq.)), or convicted of a reportable conviction pursuant to N.C.G.S. § 14-208.6(4); Refusal to consent to a

criminal history record check; Intentional falsification of any information required to be furnished to conduct a criminal history record check; or NOTE: Failure to respond to request for additional information will result in the applicant's disqualification. Expedited Review Procedure No request for additional information or the Internal Review Panel review is needed when: A DCDEE Regulatory Services management representative determines that an expedited review is required to protect the health, safety, or welfare of children; or A DCDEE Regulatory Services management representative determines an applicant is a habitually excessive user of alcohol, illegally uses narcotic or other impairing drugs, or is mentally or emotionally impaired to an extent that may be injurious to children. The DCDEE management representative shall consider the following factors, among other things, in determining the above: DCDEE has received information that a child care provider is an excessive user of alcohol, illegally uses narcotics or other impairing drugs, or is mentally or emotionally impaired; The provider has a pending misdemeanor drug related offense; The provider has been convicted of a misdemeanor drug related offense within the last 3 years; or The provider has two (2) or more DWI convictions and/or pending charges of DWI within the past three years. Additional Crimes Requiring Further Information from Applicant The following offenses require a request for additional information prior to Internal Review: Homicide, manslaughter GS Chapter 14, Article 6, Homicide Indecent exposure GS Chapter 14, Article 26, Offense…Public Morality Misdemeanor sexual assaults GS Chapter 14, Article 7B, Rape/Kindred Offense False imprisonment GS Chapter 14, Article 10, Kidnapping and Abduction Incest GS Chapter 14, Article 26, Offense…Public Morality The following offenses require a request for additional information prior to Internal Review: Robbery GS Chapter 14, Article 17, Robbery Crimes against nature GS Chapter 14, Article 26, Offense…Public Morality Drugs (except felony less than 5 years) GS Chapter 90 Article 5, Controlled Substance Act Cruelty to animals GS Chapter 19A, Protection of Animals Riots GS Chapter 14, Article 36A, Riots and Civil Disorders Misdemeanor assaults GS Chapter 14, Article 8, Assaults Drug paraphernalia GS Chapter 90 Article 5, Controlled Substance Act DUI/DWI, 2 or more charges at any level GS Chapter 20, Section 138, Impaired Driving DUI/DWI, 1 charge at levels 1-3 GS Chapter 20, Section 138, Impaired Driving Prostitution GS Chapter 14, Article 27, Prostitution Related to the above crimes, if all the conditions listed below are met, the applicant will be qualified. The child care provider was not incarcerated for more than five (5) years; and The child care provider has been fully discharged from imprisonment, probation or

conditions of the conviction for 10 years at the time the background check is completed; and The child care provider has not had any additional convictions or pending charges or indictments, other than a minor traffic offense. The following offenses require a request for additional information prior to Internal Review: Simple Affray GS Chapter 14, Article 8, Assaults Misdemeanor Arson GS Chapter 14, Article 15, Arson and other Burnings Weapon offense.
GS Chapter 14, Article 35, Offense Against Public Peace Stalking GS Chapter 14, Article 35, Offense Against Public Peace Death by motor vehicle GS Chapter 20, Article 3, Motor Vehicle Act of 1937 Breaking and/or entering GS Chapter 14, Article 14, Burglary and other Housebreakings Identity Theft GS Chapter 14, Article 19C, Identity Theft Embezzlement GS Chapter 14, Article 18, Embezzlement Obtaining property by false pretense GS Chapter 14, Article 19 False Pretense and Cheats ESC Fraud GS Chapter 96, Article 1, Definitions and Funds Food Stamp fraud GS Chapter 108A, Article 2, Programs of Public Assistance Medicaid fraud GS Chapter 108A, Article 2, Programs of Public Assistance Public assistance fraud GS Chapter 108A, Article 2, Programs of Public Assistance Forgery GS Chapter 14, Article 21, Forgery Uttering GS Chapter 14, Article 21, Forgery Felony Larceny GS Chapter 14, Article 16, Larceny Child Care Subsidy Fraud GS Chapter 110, Article 7, Child Care Facilities Bribery GS Chapter 99 SlanderGS Chapter 99 LibelGSChapter 99 Other crimes involving fraud, Probation violation (related to a relevant hit only) that occurs after the criminal history has been reviewed either upon initial employment or during the requalification process. Related to the above crimes, if all the conditions listed are met, the applicant will be qualified. The child care provider was not incarcerated for more than five (5) years; and The child care provider has been fully discharged from imprisonment, probation or conditions of the conviction for 5 years at the time the background check is completed; and The child care provider has not had any additional convictions or pending charges or indictments, other than a minor traffic offense. DEMONSTRATION OF REHABILITATION DCDEE is required to consider evidence of rehabilitation when reviewing an applicant's criminal history. With respect to rehabilitation, the following factors should be taken into consideration: No additional convictions or pending charges or indictments, other than a minor traffic offense; Documentation of successful completion of a recognized substance abuse program(s) (drug and/or alcohol); Documentation from a trained substance abuse professional detailing a minimum of one (1) year of sustained sobriety after completion of all conditions of probation; Documentation of successful completion of a recognized

anger management, parenting or other behavior modification program(s); Documentation of successful completion of all probation and/or parole conditions as ordered by the court system; Documentation from the owner, director or individual in a position of management of a child care facility attesting to the applicant's moral character and work performance. REAPPLY PROCESS In accordance with NCGS 110-90.2(d), disqualified applicants have the right to appeal their disqualification by filing a civil lawsuit in district court within 60 days of receipt of the disqualification. It is DCDEE policy to also offer disqualified applicants the opportunity to reapply under certain conditions ("reapply process"). Disqualified applicants may request a review of their criminal history once every six (6) months after the original disqualification. The reapply process includes a review of the disqualified applicant's criminal background information. Applicants whose criminal history has changed, either through dismissal of charges or a favorable verdict, may reapply at any time after the change. In accordance with the Federal Bureau of Investigation (FBI) best practice advisories, the panel charged with reviewing the disqualified applicant's file in the reapply process will be a secondary panel that was not involved in the decision that originally led to the applicant being disqualified. PREVIOUSLY QUALIFIED APPLICANTS If an individual who holds a current qualification letter receives a charge, indictment, or conviction, DCDEE will review their criminal history to determine if they should be disqualified based on those charges. If an individual was previously qualified with relevant offenses other than those subject to mandatory disqualification, the individual will remain qualified so long as there are no new relevant offenses on the individual's history. If DCDEE reviews a previously qualified individual's record that contains relevant offenses that were never previously reviewed by the DCDEE staff: A DCDEE manager will review misdemeanor convictions, voluntary leave (VL), or other pending dispositions will be dealt on a case by case basis to determine if the applicant can continue to be qualified. If the previously unreviewed relevant offenses could result in disqualification, the applicant's record will be reviewed under the Internal Review Panel process. A DCDEE manager will review felony convictions, voluntary leave (VL), or other pending dispositions on a case by case basis to determine if the qualification is able to be continued. If the qualification is unable to be continued, the applicant will be subject to the Internal Review Panel process. In no case will an applicant be qualified if the previously unreviewed relevant offense requires mandatory disqualification.

**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)).

An applicant who is disqualified may appeal the decision in accordance with North Carolina General Statute 110-92.2(d) by filing a civil lawsuit in the county district court within 60 days of receiving the disqualification. Applicants with any drug offense (misdemeanor or felony) within the last three years of the review are immediately sent to an Internal Review Panel within DCDEE forgoing the request for additional information process. The Internal Review Panel consists of DCDEE employees from various sections within the agency. The Panel considers the information when making a decision of whether to qualify an applicant or disqualify based on 10A NCAC 09 .2703(b)(1-7). Any applicants with a drug conviction prior to three years are given 15 business days to provide additional information that the Division considers when making a decision about felony drug offenses. This information is taken to the Panel once received.

**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: 03/01/2020

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)).

The total cost associated with a background check is $25.00, which is the fee charged

by the North Carolina State Bureau of Investigation (SBI) for the fingerprint check. Applicants are required to pay the $25.00 fee to DCDEE, and DCDEE pays the SBI. DCDEE staff conduct other background checks at the agency's expense, which includes a search of the RIL, CMR, Administrative Office of the Courts information, and the Sex Offender Registry. There is a service fee of $1.50 paid to the Paypoint vendor to process the criminal background check fee.

**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:

Educators who are employed in early childhood programs such as NC Pre-K, Developmental Day, Children's Developmental Service Agencies, Title I Preschool, Preschool Exceptional Children, and Early Intervention in public or private settings must meet specific education and performance standards in their work with children and families (NC Birth-through-Kindergarten License or the NC Infant/Toddler Certification).There are educational standards within NC's QRIS that require higher levels

of professional development to support the learning and developmental needs of children as defined in Foundations for Early Learning and Development, including dual language learners and children with disabilities.

The minimum educational standard for teachers in licensed programs is the completion of the NC Early Childhood Credential. This is a credit bearing course and provides an introduction to child development and the field of early education. It is a required course for obtaining an Associates Degree in Early Childhood Education. It is aligned with the Foundations for Early Learning and Development. From 2006 to 2008, community college faculty from across the state participated in a two-year Early Childhood Curriculum Improvement Project (CIP). The achieved goal of the CIP was to revise the early childhood program and courses to more closely align with university standards. In 2015 core course revisions for the Associate of Applied Science (AAS) degree in Early Care and Education (ECE) occurred under the Early Learning Challenge Grant's Growing Greatness project. Courses incorporate NC Foundations for Early Learning and Development and were aligned with the NC Birth-through-Kindergarten standards, the Council for Exceptional Children's Division for Early Childhood (DEC) standards, NC Professional Teaching Standards, and the National Association for the Education of Young Children (NAEYC) Professional Preparation Standards.

A cross section of professionals developed and published a set of core competencies to serve as the foundation for the NC afterschool professional development system. The NC Afterschool Professional Core Competencies provide a framework of the knowledge and skills needed in eight content areas of professional development in afterschool programming. The skill levels establish a continuum from beginning workforce skills (Level 1) to an advanced level of skill which includes academic preparation (Level 5). Professionals progress from one level to another through a combination of formal study and practical experience. https://ncafterschool.org/core-competencies/

-- Career pathways. Describe:

NC has an education pathway that allows teachers to enter at either a community college level or university. If entering at a community college level, the individual can transfer to a university with an articulation agreement for all public universities. There is a career pathway for education - from one community college course to a certificate, a diploma, to an Associates, Bachelors (BA/BS), and then Masters. Some of these options include specialized certificates and licensure.

NC Pre-K teachers have options leading from the BA/BS degree to obtain specialized

licensure in Birth-through-Kindergarten (BK), a lateral entry license, a preschool add-on license, a standard professional I and standard professional II license. Educators who hold a BA/BS degree in Child Development, Human Development and Family Studies, Child and Family Development and related fields may qualify for a BK license. Other specializations include work toward the Child Care Health Consultant Certification and Technical Assistance and Professional Development Endorsement.
The QRIS system is based on points for staff education, and the system requires training hours, including CEUs, to meet QRIS and BK licensure professional development rules and policy. A recommendation has been made by a sub-committee of the NC Child Care Commission to count technical assistance as professional development.
A career pathway is available as well. An early care and education provider can start as an assistant teacher, move to lead teacher, then to director, TA provider and early childhood professor. Different and varied settings offer a number of career options including, private child care, Head Start, NC Pre-K, public schools, NC CCR&R Council and CCR&R System, Smart Start Partnership, community colleges and state government.

-- Advisory structure. Describe:

The state has a diverse professional development delivery system comprised of agencies, organizations, institutions of higher education and institutes with different frameworks driven by specific rules, policy, program and educator performance standards, that address the needs of early education/child care providers, requiring progressive formal coursework and/or CEUs.
The NC Early Childhood Advisory Council was re-instituted by Governor Cooper in February 2018 with its first meeting held in May 2018. The focus of the committee will be: Creating and guiding a bold early childhood action plan that aligns with other efforts to advance the state's early childhood system. Building awareness of the importance of high-quality early childhood experiences to future education and career success to ensure young children in North Carolina are learning and thriving. Recommending and advocating for policies and funding that improve equitable access to high-quality early childhood services and better outcomes for young children and families.
The North Carolina Institute for Child Development Professionals (Institute) is a state level group with a mission to promote the implementation of a comprehensive professional development and recognition system that links education and compensation for the child care workforce to ensure high quality care and education services for

children and families. The Institute is a field-based and lead non-profit organization comprised of individuals from higher ed, providers, early childhood associations, state level leaders and early childhood experts.
The NC Child Care Commission creates Child Care Rules related to professional development requirements with the most recent addition of a rule requiring professional development plans of all staff employed in early childhood programs. The Commission convened a workgroup in 2018 to consider expanding the definition of what activities and topics count for professional development/approved training hours. Consideration is being given to count technical assistance activities such as time being coached or mentored.
North Carolina also has a birth through third grade intragency council between the NC Department of Health and Human Services and the NC Deparment of Public Instruction. This council is charged with establishing a vision and accountability for a birth through third grade system of early childhood education which among other items addresses teacher and administrator preparedness and effectiveness.

-- Articulation. Describe:

Session Law 2017-68, Senate Bill 315 mandated that by March 1, 2018 the Board of Governors of the University of North Carolina and the State Board of Community Colleges develop an articulation agreement for the transfer of credits earned for an associates degree in an early childhood education program at a community college toward a baccalaureate degree in an early childhood education program at a constituent institution for the purposes of the student obtaining teacher licensure in the area of Birth through Kindergarten. The articulation agreement applies to all community college campuses and constituent institutions with early childhood education programs. System wide implementation of the articulation agreement began with the 2018-2019 academic year.

-- Workforce information. Describe:

Child Care Services Association (CCSA) conducted a statewide survey posted in 2015 of the early care and education workforce in North Carolina. This study provides comprehensive data on teachers, assistant teachers and directors in early care and education centers and on the licensed early care and education programs in which they work. Across the state, median length of experience in child care programs was 18.0 years for directors, 11.5 years for teachers, and 8.0 years for assistant teachers. Further,

about 19% of teachers and 10% of directors reported having worked at their center for less than a year. According to the 2014 workforce study FCCH providers the median time in their current setting was 13.0 years, and their median time in the field was 17.0 years. As far as compensation, workforce earnings in North Carolina remain low. The median self-reported hourly wage for 2015 was $10.46 for child care teachers and assistants. Child care center directors reported an hourly wage of $16.00. For teachers of infants and toddlers, the median hourly wage reported was $10.00. A workforce study is going to be completed in 2019 which will provide the most current data or educational attainment and compensation.

-- Financing. Describe:

DCDEE currently uses CCDF for the T.E.A.C.H. Early Childhood® Project, to administer the Child Care WAGE$® Project to support increased education and compensation for early educators, and for CCR&R training. CCR&R will provide professional development for the child care workforce.

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:

Training and technical assistance organizations such as Smart Start, Child Care Resource & Referral (CCR&R), Early Educator Support, Licensure, and Professional Development (EESLPD), public schools, community colleges and the NC Early Learning Network have infrastructure that enables the delivery of high quality professional development services (training and technical assistance) and CEU issuance. The extent of PD services offered by these organizations varies by location across the state.
Child Care Resource and Referral offers training and CEUs http://www.childcarerrnc.org/s.php?subpage=ImportanceofQualityTraining The Institute for Child Development Professionals lists NC and out of state suppliers of CEU professional development. http://ncicdp.org/ceu-events/ .

☑ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

The Institute for Child Development Professionals is currently convening three professional development workgroups to investigate further action plans related to higher education, advancing the education of the workforce, professional development system and compensation.

☐ 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 NC Child Care Commission receives public comments including recommendations from groups which advocate for increased professional standards. Based on these comments, presentations, and publications, they create professional development standards which apply to child care staff statewide. The education component of North Carolina's QRIS provides a framework for progression from the NC Early Childhood Credential to the AAS Early Childhood Education degree, to the BA/BS degree including BK licensure for educators working in NC Pre-K. Professional development plans are now a requirement as a minimum standard for all center administrators, teachers, family child care home operators and additional caregivers. NC Pre-K's professional development framework is standards-based, incorporating Foundations, the NC professional teaching standards, NC mentoring standards, and individual professional development plans.

In addition, a legislative state agency collaboration between the Department of Health and Human Services and the Department of Public Instruction has been charged with developing a statewide vision for early education with the following goal related to professional development. The B-3 Coordinating Council will create recommendations for early education teacher training and continuing education to support teachers' roles in completing transition plans for preschool children who are transitioning the next year to kindergarten.

Effective Date: 10/01/2018

### 6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

DCDEE funds the T. E.A.C.H. Early Childhood® Education Scholarships on a variety of educational levels for early educators, including teachers, teacher assistants and administrators. These staff are pursuing higher education credentials, degrees and BK or Preschool Add-on licensure. The T.E.A.C.H. Early Childhood® Project provides the structure for a comprehensive, sequenced program of early childhood professional development opportunities in North Carolina. The Project recognizes the diverse educational backgrounds of the early childhood workforce and has scholarship programs appropriate for early care and education providers with no formal education beyond high school, as well as those to help degreed teachers earn their Birth-Kindergarten License. Entry can be made into the Project at any point along a participant's professional and educational path. During the last fiscal year, the T.E.A.C.H. Early Childhood® Project offered the following scholarship programs: North Carolina Early Childhood Administration Credential Scholarship Program; Early Childhood Associate Degree Scholarship Program; Early Childhood Bachelor's Degree Scholarship Program; T.E.A.C.H. Early Childhood® Associate Degree Scholars Program; T.E.A.C.H. Early Childhood® Bachelor's Degree Scholars Program; CDA Assessment Scholarship Program ; Birth-Kindergarten Licensure Scholarship Program; Preschool Add-On Licensure Scholarship Program ; T.E.A.C.H. Early Childhood® Scholars Program. The T.E.A.C.H. Early Childhood® Project has proven to be one of the most cost-effective strategies for promoting the professional education, practices and development of the early childhood workforce. 2016-2017 program results may be found under this link, http://blue.childcareservices.org/wp-content/uploads/2017/09/TEACHAnnualReport16_17-final-2.pdf

CCDF funds the administration of the Child Care WAGE$ Project offered in conjunction with funding provided by local Smart Start Partnerships for teacher supplements and administered through Child Care Services Association. In more than half of the 100 counties in NC, the WAGE$ project provides educators who qualify, who complete 6 months work in the same early childhood program, and commit to remain in the early childhood field, a salary supplement for degree attainment or successful course completion. T.E.A.C.H. National Center is leading a project with eight state teams, including North Carolina, to raise awareness of early childhood workforce compensation issues. The NC Early Childhood

Compensation Collaborative developed a work plan for North Carolina denoting goals, measures of achievement, strategies and action steps related to compensation policy, advocacy and funding the action plan. Goals included: 1) Endorse and use a salary scale for early childhood teachers and assistant teachers. 2) Develop, educate and mobilize targeted stakeholders to champion increased teacher compensation. 3) Make available increased compensation in at least three communities through a county/state/public strategy or through at least one statewide measure. 4) Establish enhanced education standards, with increased compensation tied to degrees.

In Spring 2018, the Office of Governor Roy Cooper was approved to participate in the National Governors' Association Center for Best Practices technical assistance project, "Supporting States Policy Strategy to Improve Early Care and Education Workforce." North Carolina proposed to use the technical assistance to focus on identifying opportunities and strategies for improving the compensation and well-being of the early education workforce and to support policy conversations among stakeholders about workforce compensation. Goals include: 1) Expand knowledge among stakeholders of the current status of the NC workforce in education, compensation and well-being. 2) Expand NC's existing work on compensation by bringing additional resources, additional stakeholders and additional information to the policy conversation. 3) Identify potential funding sources and strategies for improving compensation and develop action steps that further strengthen the existing action plan. In response to Eastern Band of Cherokee Indian (EBCI) consultation, DCDEE will include EBCI operated programs in compensation discussions.

New projects effective in the month of September 2018 have recently been approved to support the stability, diversity, retention and quality of infant and toddler teachers. Infant Toddler Educator AWARD$ (AWARD$) is an education-based salary supplement program for full-time infant-toddler educators with at least the Associate Degree in Early Childhood Education or its equivalent. These supplements help to address the known compensation gap and give infant-toddler teachers a greater opportunity to stay in the field and to grow their own skills and knowledge. AWARD$ provides an interim step to getting the workforce our infants and toddlers need, so they can have the resources they need to stay in their classrooms with our youngest children and be rewarded as they advance in their education.

Healthy Starts for Infants & Toddlers: Shape NC is an intensive training and technical assistance project meant to enhance the child care environment that infants and toddlers spend time in each day. The North Carolina Partnership for Children (NCPC) will implement the Shape NC model with child care centers to assure 1) Research-based, developmentally appropriate practices and environments are provided for infants and toddlers; and 2)

Families are engaged to promote healthy food and physical activity habits at home.

To capitalize on the benefits of sensitive, trauma-informed early care in building a foundation to support lifelong health and wellbeing, the Center for Child and Family Policy at Duke University will lead an initiative to build a professional development framework for the infant/toddler workforce across the state of North Carolina. The goal is to build a trauma-informed professional development framework for infant/toddler teachers and their administrators, as well as for the technical assistance specialists who support them.

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)).**

In the NC Star-Rated License, the minimum requirements at the one star level are that Lead Teachers are required to complete the NC Early Childhood Credential which is aligned with and includes content related to the NC Foundations for Early Learning and Development (NC FELDs), the state's early learning and development guidelines. Each succeeding course

leading to the AAS degree also is aligned to NCFELDs. Completing introductory and intermediate training on NC FELDs is a requirement for NC Pre-K teachers.

10A NCAC 09.1101 The NC Child Care Commission created rules requiring staff to complete 16 hours of orientation. One topic which must be addressed in orientation is instruction on maintaining a safe and healthy environment. 10A NCAC 09.1102 Administrators and staff are also required to complete health and safety training within one year of employment. These trainings are in addition to the orientation training. The health and safety training must include the following topic areas: (1) Prevention and control of infectious diseases, including immunization; (2) Administration of medication, with standards for parental consent; (3) Prevention of and response to emergencies due to food and allergic reactions; (4) Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic; (5) Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event; (6) Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; (7) Precautions in transporting children, if applicable; (8) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; (9) CPR and First Aid training as required in Paragraphs (c) and (d) of this Rule; (10) Recognizing and reporting child abuse, child neglect, and child maltreatment; and (11) Prevention of sudden infant death syndrome and use of safe sleeping practices. In the NC Star-Rated License, the minimum requirements at the one star level are that Lead Teachers are required to complete the NC Early Childhood Credential which includes content related to health and safety. After the first year, all staff must complete trainings covering the health and safety topic areas every five years.

The NC Child Care Commission requires a specified number of hours of ongoing training each year based on the education of staff. Individuals can choose the trainings they complete as long as it falls in one of the following categories. a. Planning a safe, healthy learning environment; b. Steps to advance children's physical and intellectual development; c. Positive ways to support children's social and emotional development; d. Strategies to establish productive relationships with families; e. Strategies to manage an effective program operation; f. Maintaining a commitment to professionalism; g. Observing and recording children's behavior; h. Principles of child growth and development; and i. Learning activities that promote inclusion of children with special needs. A few of these topic areas (c, g, i) relate directly to the identified topic. In the NC Star-Rated License, the minimum requirements at the one star level are that Lead Teachers are required to complete the NC Early Childhood Credential which includes content related to social-emotional development,

behavior management, and information regarding available intervention services.

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)).**

Professional development opportunities are available to any early educator to complete through various partners, such as the NC Child Care Resource and Referral System. NC Child Care Resource and Referral offers a variety of professional development opportunities each month for early care and education and school-age child care professionals. All providers including Indian tribes or tribal organizations are included on a listserve maintained by their local CCR&R to receive updated training and professional development opportunities via email. Providers can also find trainings on their local or regional CCR&R website. Individuals register on-line for training and professional development opportunities in their area.

Effective Date: 10/01/2018

**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: 10/01/2018

a) with limited English proficiency

DCDEE facilitates the participation of persons with limited English proficiency in a number of ways. Consumer education materials and provider forms are translated into Spanish. The CCDF health and safety trainings can be completed in Spanish. The Facility Search Site on the Division's webite is available in Spanish. Bilingual caseworkers or translators are

available and DCDEE child care licensing consultants have a translator application on their cell phones which they can use on program visits. Some community colleges offer EDU 119, Introduction to Early Childhood and other courses in Spanish. CCR&R's will also often offer training in Spanish or languages that are predominant in their community.

b) who have disabilities

Persons with disabilities can participate in any of the trainings available in the state. For required trainings, including any trainings to meet the ongoing training requirements, individuals can ask for accommodations, such as an interpreter for the deaf or auxiliary aids for the hard of hearing and Department of Health and Human Services (DHHS) will work with them to provide the accommodation.

**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)).**

In order to participate in the subsidized child care program, early childhood programs must meet higher standards required by a 3-5 star rated license in the QRIS system. This means that early educators and school-age providers are required to meet specific educational requirements per the NC Child Care Rules to obtain these star ratings, including the NC Early Childhood Credential up to an AAS degree in child development/early childhood education and a BK license for NC Pre-K teachers. Early educators, who are employed in NC Pre-K (private and public), other early childhood/child care programs, Head Start and required to hold a NC Birth-through Kindergarten (BK) License, must meet specifically defined knowledge and performance standards, as defined by the NC State Board of Education.

The NC BK degree and license prepares early childhood educators to work with young children, from birth through age 5 years, with and without disabilities, including child at-risk, and their families. The pre-service process requires coursework and a student teaching/internship to qualify for a NC Educator's Standard Professional I license issued by

the NC State Board of Education. The in-service process requires three years of induction or beginning teacher support (mentoring/coaching), coupled with formal teacher evaluations, resulting in a professional development plan, leading to a North Carolina Birth-through-Kindergarten Standard Professional II license. After a successful three-year mentor-supported classroom teaching experience, an educator is then recommended for the highest level licensure - a BK Standard Professional II license. At that stage, an educator is required to complete 8 CEUs or 80 contact hours over a five-year period and continue to maintain teaching proficiency measured by the Rubric for Evaluating NC Teachers. Professional development plans are required for each BK teacher and must align to performance-based criteria. Both preservice and in-service standards are aligned with the NAEYC's Professional Preparation Standards, the NC Professional Teaching Standards, the NC Birth-through-Kindergarten Teacher Preparation Standards, the NC Foundations for Early Learning and Development, and the Division for Early Childhood/Exceptional Children Standards. This framework, known as the Early Educator Support, Licensure and Professional Development System, is under the NC Pre-Kindergarten Program. Up to 1,000 licensed educators, including mentors and evaluators, participate in this system. Services are administered under the DCDEE's NC Pre-K Program and delivered regionally out of two Institutions of Higher Education - East Carolina University (ECU-EESLPD Eastern Hub) and University of North Carolina-Charlotte (UNCC-EESLPD Western Hub).

In North Carolina, an early educator may also voluntarily obtain an Early Educator Certification ( EEC ), which has a professional developmental component. The EEC is an acknowledgement of an individual's verified level of educational achievement, based on a standardized scale; it is not performance-based. The EEC is a teacher education equivalency in the NC Child Care Rules. Under the EEC , early childhood educators/child development professionals have the option to pursue endorsements in Administration, Technical Assistance, Professional Development and/or School-age Care. Each certification and endorsement level requires an educational evaluation of formal education.

Child care programs can meet specified standards to be certified as Developmental Day programs. These programs offer specialized services to children who are diagnosed with developmental delays or developmental disabilities or have been identified with a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. Developmental Day programs must have one person on staff who holds a NC Birth through Kindergarten Continuing or Initial License issued by the NC Department of Public Instruction; a NC Provisional Preschool Add-on License issued by the NC Department of Public Instruction or a NC Lateral Entry B-K License issued by the NC Department of Public

Instruction. Staff with these credentials must provide the program oversight and supervision for caregivers in classrooms with children ages birth to three years.

Effective Date: 10/01/2018

**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: 10/01/2018

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).

DCDEE developed an introductory training video for the early childhood field on understanding and serving children experiencing homelessness. In addition, DCDEE developed and disseminated a Toolkit. Both of these are available online at no charge and can be accessed at any time. This training is made available to Lead agency staff, child care providers, local CCR&R staff and local DSS eligibility workers. The training and toolkit were and will be promoted through a DCDEE newsletter, News You Can Use, which reaches approximately 75% of all child care providers, and it will be promoted through technical assistance staff. DCDEE will consider providing an annual review of the videos and toolkit to include new research that may come out. DCDEE will consider ways to encourage the use of the Self-Assessment Tool for Early Childhood Programs Serving Families Experiencing Homelessness. Current national webinars related to homelessness and early childhood programs will be evaluated for future potential use.

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).

DCDEE developed an introductory training video for the early childhood field on understanding and serving children experiencing homelessness. In addition, DCDEE developed and disseminated a Toolkit. Both of these are available online at no charge and can be accessed at any time. This training is made available to the Lead Agency staff, child

care providers, local CCR&R staff and local DSS eligibility workers. The training and toolkit were and will be promoted through a DCDEE newsletter, News You Can Use, which reaches approximately 75% of all child care providers, and it will be promoted through technical assistance staff. DCDEE will consider providing an annual review of the videos and toolkit to include new research that may come out. DCDEE will consider ways to encourage the use of the Self-Assessment Tool for Early Childhood Programs Serving Families Experiencing Homelessness. Current national webinars related to homelessness and early childhood programs will be evaluated for future potential use.

**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: 10/01/2018

- [ ] Issue policy change notices
- [ ] Issue new policy manual
- [ ] Staff training
- [ ] Orientations
- [ ] Onsite training
- [ ] Online training
- [ ] Regular check-ins to monitor the implementation of CCDF policies

Describe the type of check-ins, including the frequency.

- [x] Other

Describe:

Training and materials related to the CCDF and subsidy requirements are provided by the Local Purchasing Agent using a variety of methods. The DCDEE has a new Provider Compliance Unit which monitors and provides technical assistance to programs. Trainings will be a part of this technical assistance. Directors meetings are held by the Child Care Licensing Consultants for Directors to provide information about CCDF requirements, such as the health and safety training requirements.

**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.

Targeted TA and training from CCR&R, Smart Start partnerships and licensing consultants on strengthening the business knowledge of administrators. This includes information that is provided as part of the required pre-licensing workshops. Additionally, a shared services platform is being developed and the state is working with the platform administrators to determine the mechanism of providing expanded access to these resources which will focus on business practices. In addition, many communities are offering director academies, and TA is evolving to ensure that the director is a part of the team in developing and implementing a quality improvement plan. Additionally each director must complete the Administration Credential which requires completion of coursework related to business practices.

b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- [x] Fiscal management
- [x] Budgeting
- [x] Recordkeeping
- [x] Hiring, developing, and retaining qualified staff
- [x] Risk management
- [x] Community relationships
- [x] Marketing and public relations
- [x] 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: 10/01/2018

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

NC Foundations for Early Learning and Development (NC FELDS) describes Goals for all children's development and learning, no matter what program they may be served in, what language they speak, what disabilities they may have, or what family circumstances they are growing up in.

The team that revised NC FELDS consulted many research-based sources and publications when writing the Goals and Developmental Indicators. The source list in NC FELDs presents selected resources that were invaluable in the effort to describe expectations for children's development from birth through age five. See pages 163-164 of the NC FELDs for a list of research-based sources. (Link to NC FELDS http://ncchildcare.nc.gov/PDF_forms/NC_Foundations.pdf ). This source list includes research which ensures the goal, indicator statements and strategies are developmentally appropriate and culturally and linguistically appropriate. In addition, the team of state leaders that revised NC FELDs carefully studied North Carolina's Standard Course of Study (Common Core State Standards and NC's Essential Standards), the

standards for what kindergarten children typically know and should be able to do. The team studied both the Common Core State Standards and North Carolina's Essential Standards during the process of writing NC FELDs. The goal was to ensure that the content of NC FELDs is aligned with the expectations for what kindergarten children learn and is also appropriate for the ages of children described in NC FELDs.
It's important for teachers, child care providers, and administrators to understand how children who speak a language other than English develop in order to support their progress on the skills and knowledge described in NC FELDs. It provides a starting point by describing Dual Language Learners, providing information on how to work with Dual Language children and families, and presenting ideas for how to use the NC FELDs document when working with Dual Language children. Although the pace at which children learn the second language may vary based on a number of factors, researchers have found that children generally go through four stages as they learn a second language. The four stages are listed below and described in the table on page 151 of NC FELDs: • Home Language Use • Nonverbal Period • Telegraphic and Formulaic Speech • Productive Language Use
Teachers and caregivers who understand the dual language learning process and can recognize these four stages of dual language learning can support the children's language development more effectively.

b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

Teachers and caregivers can turn to NC FELDs to learn about child development because the document provides age-appropriate Goals and Developmental Indicators for each age level-infant, younger toddlers, older toddlers, younger and older preschoolers. The Goals and Developmental Indicators, which describe expectations for what children will learn prior to kindergarten, starting with infancy and covering all ages through kindergarten entry. The Goals and Developmental Indicators are divided into five domains: • Approaches to Play and Learning (APL) • Emotional and Social Development (ESD) • Health and Physical Development (HPD) • Language Development and Communication (LDC) • Cognitive Development (CD) Because infant, toddler, and preschool children's bodies, feelings, thinking skills, language, social skills, love of learning, and knowledge all develop together, it is essential that we include all five of these domains in NC FELDs. None of the domains is more or less important than others, and there is some overlap between what is covered in one domain and what's covered in

other domains. This is because children's development and learning is integrated or interrelated. Goal and Developmental Indicator Continuum (sometimes called a "Continuum" for short in this document) for each domain. The Continuum for each domain is a chart that shows the Goals for the domain, and the Developmental Indicators related to each Goal for each age level. As the sample chart on the next page shows, North Carolina has elected to arrange our Developmental Indicators along a continuum so that all of the Developmental Indicators for the age levels between birth and kindergarten entry are included on the same row. This format allows teachers and caregivers to easily look across the age levels to see the progression that a child might make toward the goal.

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.

North Carolina's Early Childhood Advisory Committee (ECAC), Division of Child Development and Early Education, and Department of Public Instruction Office of Early Learning worked together to develop NC FELDs to provide a resource for all programs in the state. The North Carolina Department of Public Instruction invited representatives from a variety of early childhood professions to participate in the development of North Carolina's first early learning standards. Representatives included staff from the Division of Child Development and Early Education, CCR&Rs, educators from public schools, Head Start, NC Pre-K, Smart Start, private child-care programs, and colleges and universities. By providing a common set of Goals and Developmental Indicators for children from birth through kindergarten entry, our hope is that parents, educators,

administrators, and policy makers can together do the best job possible to provide experiences that help children be well prepared for success in school and life.

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

The North Carolina Department of Public Instruction convened a committee of early childhood educators and parents from across the state to work on the early learning and developmental guidelines. During their many months of work, members of the group studied research, looked at other state standards, and considered policy statements from national organizations to develop the initial draft of the Foundations Early Learning Standards for North Carolina Preschoolers and Strategies for Guiding Their Success, published in 2005. In 2011, the North Carolina Early Childhood Advisory Council (ECAC) launched and funded the project of revising the Infant-Toddler Foundations and Preschool Foundations to create the North Carolina Foundations for Early Learning and Development-a single document that describes children's development and learning from birth to age five. Leaders from the Division of Child Development and Early Education as well as the Office of Early Learning in the Department of Public Instruction provided critical advice, oversight, and vision on the NC FELDs and its implementation. The latest version was published in 2013.

f) If applicable, discuss the state process for the adoption, implementation and continued improvement of state out-of-school time standards

NA

g) Provide the Web link to the state/territory's early learning and developmental guidelines.

http://ncchildcare.dhhs.state.nc.us/PDF_forms/NC_Foundations.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 guidelines are used in a variety of ways. Any professional development provided by CCR&R must be aligned with the guidelines. Coursework through the community college system has also been aligned with the guidelines. A preschool to kindergarten transition plan is being developed and will ensure that this tool is also aligned with both the guidelines as well as the Kindergarten Entry Assessment.

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 DCDEE collaborates with various entities that conduct studies which, in turn, inform future quality activities. For example, CCR&R data and early childhood education workforce studies conducted by Child Care Services Association have assessed the workforce in particular geographic regions as well as statewide. These studies provide the state information about working conditions in child care centers and family child care homes which often results in new initiatives to improve the quality of early care and education.

The Division is part of a Department wide team that is developing an Early Childhood Action Plan to identify the indicators and strategies to ensure that children in our state are healthy, on track and ready to succeed. As that plan is finalized there will be indicators related to kindergarten readiness and third grade reading proficiency that will point to new or enhanced strategies to be implemented in child care programs in order to support children's learning. This action plan will initially target infants and toddlers.

The North Carolina Pathways to Third Grade Reading project has been working for multiple years on developing the plan for North Carolina to move forward to provide supports for children in families at home, in communities and in schools, including early education programs. This project will also identify strategies that will be applicable to children enrolled in child care and will provide opportunities for recommending initiatives to support the desired supports. Data is a key factor for both the Early Childhood Action plan as well as the Pathways work in order to determine both need, and progress that is made.

The North Carolina Partnership for Children (NCPC) provides oversight to the assessment and enhancement of data collection and data management capacities of Smart Start local partnerships. The Smart Start Data project began with a comprehensive assessment of local partnership data collection activities including measures, how the data are collected, where data are stored, computing platform, and how the data are used.

Assessment data can also be gathered from the NC Rated License Assessment Project

(NCRLAP). NCRLAP conducts Environment Rating Scale assessments as a part of the voluntary Star-Rated License Assessment System. These scores contribute to a program's star-rating. The NCRLAP is contacted to provide information about low scoring items to inform training, technical assistance and coaching topics. Contractors use scores to document the positive impact of their activities. For example, a specified percentage of programs increased their ERS scores or increased their star-rating over a twelve month period.

Annually the NC Pre-Kindergarten Evaluation Study is completed to examine the long-term effects of participation in NC Pre-K at the end of kindergarten. In addition to child outcome data, key characteristics of the NC Pre-K during the year, along with trends over time, are examined based on statewide administrative data. Information includes characteristics of the local NC Pre-K settings, the children served, the qualification of teachers, and the distributions and counts of program participants and service providers.

North Carolina is currently participating in the 2018 QRIS 3.0 Think Tank to evaluate and improve our rated license system. The areas of evaluation are Leadership and Governance, Equity, Improvement Supports, Financing, Stakeholder Engagement, Standards and QRIS Accountability and Rating. The Think Tank will provide an opportunity for North Carolina to assess the capacity for moving forward with changes with our rated license system that are based on research, reflect quality, and impact child outcomes.

The DCDEE Regulatory System database can also provide information to child care partners, including Child Care Licensing/Investigations Consultants to help determine regional and statewide needs related to violations to the Child Care Rules.

To prepare for the writing of the 2019-21 CCDF Plan the Division of Child Development and Early Education held Focus Groups across the state with 202 individuals attending. The same questions were sent to an email listserv for input with responses received from over 100 individuals. The responses to these questions helped DCDEE identify system needs related to quality.

Effective Date: 03/10/2020

### 7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

In an early childhood workforce study, 2015 Working in Child Care in North Carolina, conclusions such as the increase over a period of 4 years in the percentage of professionals with any degree, and a very high percentage of teachers who have taken at least one college course, are now impacting goals being set by the NC Department of Health and Human Services to support all teachers in early childhood programs having associates degrees by 2025. This study, providing median wages by position, also shows the need for increases in teacher compensation, thus, reinforcing the validity of WAGE$ and T.E.A.C.H.. These are projects which provide teachers compensation incentives for education attained as well as scholarships for completion of early childhood related degrees.

The Smart Start Data Project findings informed the work of the Smart Start Data Advisory Group (DAG), which made recommendations for common outcomes and measures for local partnerships to use in assessing their Smart Start funded activities. NCPC developed a new online reporting system for local partnerships to provide data on common outcomes to NCPC. The DAG will regularly review and provide feedback on outcome reporting and the data system.

In addition, NCPC used the local partnership data capacity assessments to provide assistance to all local partnerships on their data collection efforts, particularly related to Smart Start. This process also involved assistance for engaging local stakeholders in support of the NC Early Childhood Integrated Data System (NC ECIDS), as needed. Assistance to local partnerships included one-on-one coaching and mini-grants for local partnership software procurement and other data-related activities.

NCPC also engaged in a planning process with the NC ECIDS project staff to ensure alignment of data goals and to work toward ultimately linking some Smart Start data with NC ECIDS. Fiscal year 2015-2016 Smart Start child care subsidy data was linked with ECIDS, with additional data to be linked in the future.

Some of the results in the 2015-16 NC Prekindergarten Evaluation Study include: Children who attended NC Pre-K performed significantly better on math skills at the end of kindergarten compared to a matched group of children who did not attend NC Pre-K. There was little difference between a matched sample of NC Pre-K and non-NC Pre-K children on language and literacy skills at the end of kindergarten. Participation in NC Pre-K had positive effects on children's executive function at the end of kindergarten for both the full

sample and the DLL subsample. One continuing trend in the NC Pre-K Program has been improvement in the levels of teacher education and credentials.

The NC Child Care Health and Safety Resource Center includes information in their train the trainers for Child Care Health Consultants from the Regulatory Database. Specifically, they asked for a report on the number and types of violations from DCDEE related to errors in administering medications. Their revised train the trainer, Medication Administration in Child Care" incorporates resources to help providers reduce the number of those types of violations. They also have created resources for the DCDEE website for providers and this information and data has also informed rule development on the topic.

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

- [x] 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.
  - [x] CCDF funds
  - [x] Other funds

  Describe:

  State pre-K and Smart Start

- [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:

☑ 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.

☑ CCDF funds

☑ Other funds

Describe:

State funds through Smart Start

☑ 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

☑ CCDF funds

☐ Other funds

Describe:

☑ 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.

☑ CCDF funds

☐ Other funds

Describe:

☑ 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.

☑ CCDF funds

☑ Other funds

Describe:

State appropriations

☑ 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:

NA

☑ 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:

## 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: 10/01/2018

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.

- [x] 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:

The *NC Foundations of Early Learning and Development (NC FELDS),* the state's early learning standards, address all domains of children's learning and development, including those listed above. *NC FELDS* is widely implemented in the early childhood system, including professional development opportunities provided by the NC CCR&R Council (Promoting Healthy Social Behaviors Project and the Infant Toddler Enhancement Project), CCR&R core services, the Early Learning Network funded by the NC Department of Public Instruction, and other partners providing on-going training to early childhood educators. An intermediate online training for NC FELDS is housed on Moodle on the Division's website with support through CCDF funding for the remote learner fees.

DCDEE funds CCR&R Core services which includes ensuring accessibility to training opportunities for the early education workforce across the state. Training is provided through both in-person as well as online formats. The content for these trainings include all aspects of physical, emotional and cognitive development for children. CCDF funds are used for the T.E.A.C.H. Early Childhood Scholarship program which supports the workforce to work towards an Associates or Bachelors degree in early childhood education.

In 2018-19 the University of North Carolina, Child Care Health and Safety Resource Center, will use CCDF funding to create a train-the-trainer for technical assistance providers as well as Child Care Health Consultants which prepares participants to provide health and safety trainings to early educators based on the 10 health and safety training topics now required by Child Care Rule as well as CCDF rules §98.41(a)(2); §98.44(b)(2)(i). Though the train-the-trainer is online, the trainings

offered to providers will be in person which meets the need of staff who are not in areas with sufficient internet coverage and of staff who are not comfortable with computers.

DCDEE participates on committees which provide professional development opportunities for staff related to nutrition and physical activity including: NAP SACC, Nutrition and Physical Activity Self-Assessment for Child Care Researchers from UNC Chapel Hill and the Nutrition Services branch at the North Carolina Division of Public Health have developed self-assessment, and educational tools, including trainings, to help programs set goals and make improvements to their nutrition and physical activity practices.

Farm to Preschool enhances the health and education of young children by developing systems and experiential learning that connects children and their families with local food and farms. Farm to Preschool includes any type of child care that incorporates local foods through: meals and snacks, taste tests, lessons, farmer visits, cooking, growing food, and/or community and parent involvement. This group conducts professional development activities to motivate programs to start farm to preschool activities in their early learning and development programs.

☑ 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:

The CCDF supports the NC Child Care Resource and Referral Council which implements a statewide network of Healthy Social Behavior Specialists and Infant Toddler Specialists. The Promoting Healthy Social Behaviors in Child Care Settings (HSB) project promotes the social, emotional, and behavioral health of children enrolled in licensed child care centers in North Carolina through the provision of specialized professional development and technical assistance for the early care and education (ECE) workforce. Three expulsion prevention specialists have been recently added to the Promoting Healthy Social Behaviors in Child Care Settings (HSB) special initiative who develop and deliver trainings on expulsion prevention and the North Carolina Suspension and Expulsion Prevention Policy. More specifically, the Expulsion Prevention Specialist have developed a 1.5-hour introductory training on the

North Carolina Suspension/Expulsion Policy in both seated and online (CourseSites™) formats, and developed an associated 3.5 CEU policy and practices toolkit training module. Topics addressed in the CEU toolkit module include information for administrators/owners on creating and implementing a supportive facility philosophy, policies and practices, utilizing a variety of administrative supports to assist teachers in creating pro-social environments, and establishing processes for teachers working with individual children with persistent challenging behavior. The prevention specialists provided expulsion prevention trainings for NC Pre-K providers at regional meetings. Other staff in the HSB project DCDEE funds include 21 Regional Behavior Specialists, 1 Education Specialist, and a Statewide Project Manager. One training opportunity funded by the project is a Pyramid Model Institute for 200 participants in 2018-19 contract year. The purpose of the conference is to train higher education and early childhood professionals in the CSEFEL Pyramid Model and the Teaching Pyramid Observation Tool (TPOT). The state NC Pre-K program has partnered with the CCR&R network to expand the pyramid model training to state mentors, Smart Start partnership staff and Head Start program education staff who have key roles in providing early education support across NC.
NC Department of Public Instruction's Early Learning Network provides training and technical assistance on the Pyramid Model for healthy behavior and positive interventions.

☑ Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development

Describe:

The CCDF supports the NC Child Care Resource and Referral Council which implements a statewide network of Healthy Social Behavior Specialists and Infant Toddler Specialists. The Promoting Healthy Social Behaviors in Child Care Settings (HSB) project promotes the social, emotional, and behavioral health of children enrolled in licensed child care centers in North Carolina through the provision of specialized professional development and technical assistance for the early care and education (ECE) workforce. Three expulsion prevention specialists have been recently added to the Promoting Healthy Social Behaviors in Child Care Settings (HSB) special initiative who develop and deliver trainings on expulsion prevention and the North Carolina Suspension and Expulsion Prevention Policy. More specifically, the

Expulsion Prevention Specialist have developed a 1.5-hour introductory training on the North Carolina Suspension/Expulsion Policy in both seated and online (CourseSites™) formats, and developed an associated 3.5 CEU policy and practices toolkit training module. Topics addressed in the CEU toolkit module include information for administrators/owners on creating and implementing a supportive facility philosophy, policies and practices, utilizing a variety of administrative supports to assist teachers in creating pro-social environments, and establishing processes for teachers working with individual children with persistent challenging behavior. The prevention specialists provided expulsion prevention trainings for NC Pre-K providers at regional meetings. Other staff in the HSB project DCDEE funds include 21 Regional Behavior Specialists, 1 Education Specialist, and a Statewide Project Manager. One training opportunity funded by the project is a Pyramid Model Institute for 200 participants in 2018-19 contract year. The purpose of the conference is to train higher education and early childhood professionals in the CSEFEL Pyramid Model and the Teaching Pyramid Observation Tool (TPOT). The state NC Pre-K program has partnered with the CCR&R network to expand the pyramid model training to state mentors, Smart Start partnership staff and Head Start program education staff who have key roles in providing early education support across NC.
NC Department of Public Instruction's Early Learning Network provides training and technical assistance on the Pyramid Model for healthy behavior and positive interventions.

☑ 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:

State legislation requires the use of approved curricula in four-year-old classrooms in four and five-star rated child care facilities, and DCDEE licensing consultants provide support to programs implementing this requirement. Approved curricula had to be developmentally appropriate as well as culturally and linguistically responsive. In addition, the state's Pre-K funded program policies require the use of a comprehensive curriculum and formative assessment system that are aligned to the NC Foundations for Early Learning and Development standards. In NC Pre-K the implementation of such curricula (and formative assessment systems) is measured by

the NC Professional Teaching Standards and supported by individual professional development plans. CCR&R offers an introductory training on NC FELDS. On the DCDEE website individuals have access, once approved by a Moodle application administrator, to an intermediate training titled, Intermediate Course for NC Foundations for Early Learning and Development. This is primarily accessed by community college students. CCDF funds support the online platform paying the Moodle fee for remote learners. The Infant Toddler Quality Enhancement Project provides on-site support and training in the use of appropriate curriculum and assessment for birth to age three.

☑ 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:

Smart Start, CCR&R, NC Pre-K, Developmental Day programs, Head Start, and Early Intervention are examples of entities that promote families having access to services that support their children's learning and development. Communication and training about these services vary across the state.

☑ Using data to guide program evaluation to ensure continuous improvement

Describe:

CCR&R and Smart Start technical assistance providers offer direct training and consultation to inform child care providers on effective practices of formative assessment and using data to guide planning and instruction. The state's Pre-k programs and Head Start Programs mandate the use of formative assessment to guide and inform instruction for young children and inform BK licensed educators' professional development needs. Direct classroom support through mentoring and coaching are provided to ensure teachers understand how to collect and use child assessment data in their daily and weekly planning and instructional facilitation and communication with families.

Other data collected are the scores earned in an Environmental Rating Scale Assessment. These assessments are conducted every three years by assessors hired by University of North Carolina, Greensboro from the CCDF funded North Carolina Rated License Assessment Project (NCRLAP). The NCRLAP's mission is to help

increase child care quality by assessing environments in child care centers, public schools, after-school programs, and family child care homes for the North Carolina Star Rated License. To improve children's experiences, the project focuses on conducting assessments that are reliable and valid. Therefore, NCRLAP maintains high standards for initial and ongoing staff training on the assessment tools and strives for excellence in communication of results. These practices allow early childhood professionals to better understand positive child care practices, as defined by the assessment tools. Trainings and technical assistance are also provided on the scales themselves by both NCRLAP and CCR&R.

All contracts funded by CCDF submit mid-year and year-end reports. These reports include data on services provided and improvements made. The Division uses this data to determine ongoing or new needs for the system.

☑ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment

Describe:

An introductory training, *Serving Young Children Experiencing Homelessness*, has been created to help providers identify families who are homeless and help direct these individuals to services. Future trainings on this or related topics are under consideration.

☑ Caring for and supporting the development of children with disabilities and developmental delays

Describe:

The CCDF funded CCR&R Core Services Project ensures child care professionals have access to professional development to help them improve their instructional practices and overall quality of care. One of the standardized trainings provided across the state is Inclusion/Working with Children with Special Needs. CCDF funds Teacher Education and Compensation Helps (T.E.A.C.H.) which provides educational scholarships to early care professionals and to those who perform specialized functions in the early care system. Many of these students enroll in a NC Community College Early Childhood Associate Program. One of the core classes offered by all community colleges is Children with Exceptionalities. Learners with Behavioral Disorders is offered as an elective by some of the colleges. Other electives are available that provide specific information about developmental delays, inclusion and

other special needs. The Community College early childhood programs integrate content about typical and atypical development throughout the program. Accommodating and working with children with special needs is also integrated throughout the B-K Licensure program at universities. One of the training topic areas child care staff can choose to complete to meet ongoing training requirements is learning activities that promote inclusion of children with special needs (N.C.G.S. § 110-7-91(11)). The Early Intervention Branch of the Department of Health and Human Services coaches early childhood educators caring for infants and toddlers enrolled in the Infant Toddler Program to promote the caregivers' capacity to help infants and toddlers reach their developmental goals.

☑ Supporting the positive development of school-age children

Describe:

CCR&R offers a statewide introductory training related to school-age care titled, Basic School-Age Care. The training includes the modules in Health, Safety & Nutrition, Environmental Design, Child/Youth Development, Developmentally Appropriate Activities, Guiding Child Behavior, and Quality School Age Care. Other standardized trainings and technical assistance are available through CCR&R and DCDEE regulatory lead consultants.

☑ Other

Describe:

Infant/Toddler Specialists and Healthy Social Behavioral Specialists provide trainings on children's areas of development and learning, classroom interactions and various quality improvement topics.

The North Carolina Birth-Kindergarden License is required for all teachers in NC Prekindergarten (NCPREK) classrooms, developmental day classrooms and other early childhood classrooms. All teachers working towards this license are required to participate in the North Carolina Teacher Evaluation process, through the Early Educator Support Licensure and Professional Development office. Two of the CCDF funded contracts with university hubs enables licensed teachers in non-public early childhood education settings to receive mentoring and evaluation services necessary for licensure, maintaining licensure, and converting to a higher-level license.

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
- [x] Other

Describe:

T.E.A.C.H. Early Childhood®Education Scholarships provide scholarship counselors to support access to postsecondary training and financial aid.

**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**

Measurable indicators of progress were captured and evaluated through outputs and outcomes such as:

*Serving Young Children Experiencing Homelessness* a) This is a new training offered on the DCDEE website. 934 individuals have completed the course as of April 2018.

Infant Toddler Quality Enhancement Project a) 1,250 infant and toddler spaces will show measurable improvement in quality on ERS scores on post-tests following technical assistance and training in FY 2017. The total number of improved slots was 1,316. b) 85% of lead teachers receiving CSEFEL/IT technical assistance services will achieve 75% of their targeted interactional and programmatic goals identified by the Infant-Toddler Inventory of Practices pre-TA assessment. c) 95% of standardized training events will result in increased participant knowledge of the training topic. 100% of standardized training events resulted in increased participant knowledge of the training topic as measured by pre/post knowledge assessments. Healthy Social Behaviors Quality Enhancement Project a) By June 30, 2017,

95% of participants in technical assistance (TA) will indicate that they have implemented strategies provided by the behavior specialist to increase social-emotional competencies and/or reduce challenging behavior in their classrooms. 99% of the 217 teachers responding stated that they had implemented ideas learned through technical assistance, and 94% of these teachers listed specific examples of the strategies implemented; 99% of the 86 Directors responding reported gaining knowledge as a result of the technical assistance provided b) By June 30, 2017, 95% of standardized training events will result in increased participant knowledge of the training topic (DCDEE credit-bearing and CEU-bearing). One hundred percent of the 217 standardized learning events for which pre/post data was available resulted in increased knowledge of training topic.

T.E.A.C.H. Early Childhood Scholarship Program a) Number of unduplicated child care professionals awarded scholarships. Goal: 2,200. Output: 2,383 Scholarships were awarded to 2,361 recipients. b) By June 30, 2017, the average scholarship recipient will have completed 11 credit hours towards an associate or bachelor’s degree in early childhood after one contract Period. At the end of FY 16-17, teachers on associate degree scholarship program completed an average of 14 credit hours after one contract. At the end of FY 16-17 teachers on the bachelor's degree scholarship program completed 16 hours after one contract. c) By June 30, 2017, the average scholarship recipient will have completed 11 credit hours towards an associate or bachelor’s degree in early childhood after one contract period. NC Rated License Assessment Project a) Complete at least 65 outreach and/or training events for child care providers, technical assistants and/or child care consultants. The following represents 70 unique unduplicated events with 970 unduplicated participants at the events.

| CCDF Area/Domain of Quality | Count of events | Participants |
|---|---|---|
| Health and safety | 65 | 944 |
| Infant and toddler | 47 | 633 |
| School-age care | 20 | 338 |
| Inclusion | 11 | 256 |
| Teaching dual language learners | 2 | 124 |
| Understanding developmental Screenings and/or observational assessment tools for program improvement purposes | 60 | 786 |
| TOTAL | 205 | 3081 |

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: 08/25/2020

- [ ] 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.
- [x] 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.

NC's QRIS is administered by the state and is known as the Star Rated License System (http://ncchildcare.nc.gov/providers/pv_sn2_ov_sr.asp). The Star Rated License System is embedded in the General Statutes and Child Care Rules. Facilities are evaluated on two components: program standards and staff education and can earn up to one quality point for meeting enhanced standards for staff education and program standards. Once scores are determined, programs are given a star-rating. DCDEE partners with the NC Rated License Assessment project to conduct the Environment Rating Scales.

https://ncrlap.org/Resources/Uploaded_Files/Uploaded_Resources/QuickReferenceG

uide_10_7_14.pdf

Child care programs with higher rating scale scores earn more Program Standard Points. The Workforce section and DCDEE Child Care Licensing Consultants evaluate staff education to determine the points earned for education.

☐ 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 state measures quality improvement in child care programs by evaluating the percentage of programs at 1, 2, 3, 4 and 5 star ratings from one year to the next.

Centers

In 2005 9% of centers were 1 star. 2018 2% are 1 star.

In 2005 1% of centers were 2 star. 2018 .3% are 2 star.

In 2005 32% of centers were 3 star. 2018 17.1% are 3 star.

In 2005 26% of centers were 4 star. 2018 22.4 % are 4 star.

In 2005 14% of centers were 5 star. 2018 47.5% are 5 star.

Family Child Care Home

In 2005 32% of FCCHs were 1 star. 2018 10.1% are 1 star.

In 2005 1% of FCCHs were 2 star. 2018 9% are 2 star.

In 2005 35% of FCCHs were 3 star. 2018 29.6% are 3 star.

In 2005 23% of FCCHs were 4 star. 2018 37.2% are 4 star.

In 2005 8% of FCCHs were 5 star. 2018 11.7% are 5 star.

This data shows that the percentage of programs, Centers and FCCHs, with one, two, and three-star ratings has generally decreased over time while the percentage of

programs with four and five-star ratings has generally increased.

### 7.4.2 QRIS participation

Effective Date: 10/01/2018

a) Are providers required to participate in the QRIS?

- [x] Participation is voluntary
- [x] 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).

To participate in the Subsidized Child Care Program, a facility must achieve a 3 to 5 Star License.

- [ ] 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
- [ ] 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
- [x] 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

- [ ] No
- [x] Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
  - [x] 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
  - [x] 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
  - [ ] 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
  - [ ] Materials and supplies
  - [ ] Priority access for other grants or programs
  - [ ] Tax credits (providers or parents)
  - [ ] 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 state measures quality improvement in child care programs by evaluating the percentage of programs at 1, 2, 3, 4 and 5 star ratings from one year to the next.

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In 2005 9% of centers were 1 star. 2018 2% are 1 star.

In 2005 1% of centers were 2 star. 2018 .3% are 2 star.

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In 2005 23% of FCCHs were 4 star. 2018 37.2% are 4 star.

In 2005 8% of FCCHs were 5 star. 2018 11.7% are 5 star.

This data shows that the percentage of programs, Centers and FCCHs, with one, two, and three-star ratings has generally decreased over time while the percentage of programs with four and five-star ratings has generally increased.

## 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: 10/01/2018

☐ 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:

☑ Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers

Describe:

CCR&R Regional Infant Toddler specialists will provide on-site technical assistance in

infant and toddler classrooms, support start-up program development and distribute current infant and toddler information. The education specialist will provide high quality learning events statewide based on the latest research and resources, including CEU bearing modules and distant-learning events, develop new CEU content and conduct train the trainer events for the regional specialist to support delivery of high quality infant and toddler learning events statewide.

The goal of the North Carolina Child Care Health and Safety Resource Center (RC) is to promote healthy and safe indoor and outdoor environments for children in early care and education setting by disseminating and providing access to child care health expertise. The RC promotes health and safety in child care by providing technical assistance, training and resources to child care health consultants and child care programs. Some of the training and technical assistance has an infant toddler focus.

☑ 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:

Infant/Toddler Technical Assistance Specialists are required to have completed specialized training including; ITS-SIDS, Infant/Toddler Environmental Rating Scale (ITERS-R), Classroom Assessment Scoring System (CLASS) for Infants and Toddlers, CSEFEL Pyramid Model (I/T), and program for Infant Toddler Care (PITC). Specialists must also attain certification from WestEd as PITC trainers and certification from Teach Stone as a certified Infant and Toddler CLASS Observer.

Healthy Starts for Infants & Toddlers: Shape NC is an intensive training and technical assistance project meant to enhance the child care environment that infants and toddlers spend time in each day. The North Carolina Partnership for Children (NCPC) will implement the Shape NC model with child care centers to assure 1) Research-based, developmentally appropriate practices and environments are provided for infants and toddlers; and 2) Families are engaged to promote healthy food and physical activity habits at home.

The Intensive Infant & Toddler Technical Assistance Delivery Model Pilot is project that will pilot a transformative new model of technical assistance (TA) provision to enhance the quality of infant and toddler experiences in early child care and education settings. This project will provide intensive coaching and mentoring to the TA practitioners to transform their coaching practices and their modeling of instructional strategies. In turn,

these TA practitioners will implement TA with infant and toddler teachers and their directors in classrooms that will become models for the field.

☑ 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:

The NC Child Care Health and Safety Resource Center (RC) lead a project to implement regional infant toddler child care health consultant to provide services in economically distressed counties. IT-CCHCs will work with directors and operators to encourage collaboration with parents and promote children's health and well-being by providing medical, oral, nutrition and mental health education support resources. A focus of this support will be on identifying and targeting children with special health care or medication needs or disabilities for this support.

To capitalize on the benefits of sensitive, trauma-informed early care in building a foundation to support lifelong health and wellbeing, the Center for Child and Family Policy at Duke University will lead an initiative to build a professional development framework for the infant/toddler workforce across the state of North Carolina. The goal is to build a trauma-informed professional development framework for infant/toddler teachers and their administrators, as well as for the technical assistance specialists who support them.

The Infant-Toddler Program provides supports and services for families and their children, birth to three who have special needs. Sixteen Children's Developmental Services Agencies (CDSAs) across North Carolina work with local service providers to help families help their children succeed. The CDSA partners with diverse programs to provide services for children and families. CDSA staff are trained to coach early childhood educators how to work with the children enrolled in the Infant-Toddler Program to promote infants and toddlers with special needs development.

The Family, Infant and Preschool Program (FIPP) has a multidisciplinary team of professionals available to provide therapy and education services to children from birth to five years of age and their families. The team consists of Birth to Kindergarten teachers, nurses, nutritionist, occupational therapists, physical therapists, a psychologist, and speech-language pathologists. These services are provided using the most current research available in each discipline as well as from the fields of early childhood, early childhood intervention, and parent support. Services are individualized to meet the needs

of each child and family. FIPP accepts referrals directly from parents, physicians, the Child Developmental Services Agency (CDSA), and other community-based agencies and programs.

The Infant and Early Childhood Mental Health Consultation Project, still in its research and planning phase, is a collaboration between DCDEE and Substance Abuse and Mental Health Services Administration (SAMHSA)'s Center of Excellence for Infant and Mental Health Consultation (IECMHC). The purpose of this project is to advance North Carolina's IECMHC system, strengthen and create new partnerships between service providing agencies, and to further service delivery.

☑ Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments

Describe:

Infant and toddler components are embedded in the State's QRIS. Minimum licensing standards require programs to provide infants supervised tummy time and other developmentally appropriate activities to support health and physical development. Screen time is prohibited for children under three. Responsive caregiving is required by child care rules as well as positive interactions. The child care rules require primary caregivers and special attention given to easing the separations by infants and toddlers from their parents. Safety requirements include a Safe Sleep policy, Infant Toddler Safe Sleep training, shaken baby syndrome and abusive head trauma policy, as well as, orientation and ongoing training. Additionally, rules to make child care breastfeeding friendly and require individual infant feeding plans are among other nutrition requirements. The voluntary standards allow an additional quality point when meeting one educational or programmatic option. Examples include: teachers have an Infant and Toddler certificate, use a developmentally appropriate curriculum, lower staff/child ratios, reduce infant capacity by at least one in a family childcare home. To earn points in program standards, programs can have the Infant Toddler Rating Scale-Revised (ITERS-R) assessment completed.

☑ Developing infant and toddler components within the state/territory's child care licensing regulations

Describe:

Infant and toddler components are embedded in the State's QRIS. The voluntary standards allow an additional quality point when meeting one educational or

programmatic option. Examples include: teachers have an Infant and Toddler certificate, use a developmentally appropriate curriculum, lower staff/child ratios, reduce infant capacity by at least one in a family childcare home. To meet points in program standards, programs can have the Infant Toddler Rating Scale-Revised (ITERS-R) assessment completed.

☑ Developing infant and toddler components within the early learning and developmental guidelines

Describe:

The North Carolina Foundations for Early Learning and Development provides age-appropriate goals and developmental indicators for infant, toddler and preschool-aged children.

☑ 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:

A CCRR brochure titled, "Resources for families with young children in North Carolina" includes a section with resources related to child development and developmental milestones. It gives websites and contact information for entities which can provide developmental screenings and gives parents access to developmental assessment tools.

https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CCRRNC_ResourcesinNC_FINAL_web.pdf?ver=2018-08-23-125352-347

☑ 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:

The Infant & Toddler Core Knowledge and Competencies Project is a partnership between DCDEE, the NC Community Colleges System and other community partners. The goal of this project is to develop and adopt practice based entry-level through advanced and foundational core knowledge and competencies for the infant/toddler workforce in conjunction with comprehensive infant/toddler degree pathways with

multiyear timelines for completion of education requirements that have been established. A new graduate certificate became available in the Fall of 2018 that is online and is strictly Infant/Toddler focused. It is called Leadership in Infant/Toddler Learning (LITL) and will provide an opportunity for the workforce to access targeted educational supports and resources for infants and toddlers. There is a T.E.A.C.H. Scholarship that will support eligible members of the early education community to complete the Certificate. Through the Enhancing Infant Toddler Experiences RFA, DCDEE will be funding projects that will address compensation for the infant and toddler workforce, build the capacity for trauma informed infant and toddler care, address food insecurity and health concerns related to infants and toddlers, and will address the effectiveness and impact of technical assistance provided to the infant and toddler workforce. Once the approved proposals are finalized, contracts will be awarded in September 2018.
The NC Early Childhood Action Plan is being developed in collaboration with community partners to address the needs and issues related to early childhood. The Department wide team will identify indicators and strategies to ensure that children in the state are healthy at birth, and thrive in safe environments that support their optimal health and well-being.

☑ Coordinating with child care health consultants.

Describe:

CCDF funds a project through UNC Chapel Hill-Child Care Health and Safety Resouce Center which provides Infant/Toddler Safe Sleep and Sudden Infant Death Syndrome Risk Reduction in Child Care online train-the-trainer courses to infant toddler specialists and other technical assistance staff as well as other infant toddler related health and safety related technical assistance.
The NC Child Care Health and Safety Resource Center (RC) lead a project to implement regional infant toddler child care health consultant to provide services in economically distressed counties. This project will train three registered nurses/health professionals to work as regional Infant Toddler Child Care Health Consultants (IT-CCHC) in counties that do not have access to CCHC services. IT-CCHCs will work with directors and operators to encourage collaboration with parents and promote children's health and well-being by providing medical, oral, nutrition and mental health education support resources. A focus of this support will be on identifying and targeting children with special health care or medication needs or disabilities for this support.

☑ Coordinating with mental health consultants.

Describe:

The Infant and Early Childhood Mental Health Consultation Project is a collaboration between DCDEE and Substance Abuse and Mental Health Services Administration (SAMHSA)'s Center of Excellence for Infant and Mental Health Consultation (IECMHC). The purpose of this project is to advance North Carolina's IECMHC system, strengthen and create new partnerships between service providing agencies, and to further service delivery. The Division will begin these efforts by mapping the IECMHC services that are already being provided for young children and their families in North Carolina, then work to coordinate and strengthen services.

☐ Other

Describe:

**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**

Measurable indicators of progresswere captured and evaluated through FY17 outputs/outcomes such as:

a) The number of new Continuing Education Units (CEUs) developed on infant/toddler topics. Projected output: 1 CEU Actual Output: 2 .5 CEU modules.

b) Projected output: 590 contact training hours on infant toddler care. Actual Output: 492 contact training hours were conducted on a variety of infant-toddler topics, including 70 hours bearing CEUs. 94 trainings (18 of those CEUs) totaling 253 contact hours were cancelled due to low or no participant registration.

c) 95% of participants in technical assistance will indicate that they used one or more strategy provided by the infant toddler specialist to improve the quality of care in the infant and/or toddler classroom. Actual outcome: 100%

d) The number of participants that receive technical assistance from Infant/Toddler Specialist. Projected output: 3,700 Actual Output: 4,282

e) On-site technical assistance will be available to eligible regulated programs through the

Social Emotional Technical Assistance Program to improve practices that support social and emotional health in infants and toddlers using the Pyramid Model and CSEFEL IT Inventory of Practices. Projected Outcome: 85% of lead teachers receiving social-emotional technical assistance services will achieve 75% of their targeted interactional and programmatic goals of those available for post-assessments. Actual outcome: 98% of lead teachers achieved 75% or more of their targeted interactional and programmatic goals. Further, 94% of teachers achieved 100% of their goals. The average achievement of goals was 98%, with a range of 50% to 100%.

f) The number of early education professionals awarded scholarships through T.E.A.C.H. for infant/toddler related education programs. The output and actuals do not specify age groups; however, in the year end report it states 1,214 infant toddler scholarships were awarded with the highest number of participants at the Associate Degree level. T.E.A.C.H. this year is supporting new scholarships for students participating in the Leadership in Infant and Toddler Learning Post-Baccalaureate Certificate Program starting Fall 2018 with 15 students.

g) The number of Child Care Health Consultants that receive consultation/coaching services on infant/toddler related services. Target: 26 Actual:
23

h) The number of infant toddler specialists and or qualified training professionals trained in the Infant/Toddler Safe Sleep and Sudden Infant Death Syndrome Risk Reduction in Child Care online train-the-trainer course. Target: 80 Actual: 75

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 star ratings within NC's QRIS allow for the level of quality attained by early care and education programs to be tracked over time. Within the state's QRIS, North Carolina uses the Environment Rating Scales (ERS) to evaluate program standards. In addition, any CCR&R contracted activities must meet measures specific to those activities which are included in the contracts' Scopes of Work for the contract period.

For instance, a measure in the CCR&R Core Services contract was for 10% of preschool programs to access on-site technical assistance services which was targeted at 2,065 programs. All 14 regions surpassed the regional goal of providing TA to 10% of the preschool classrooms/homes. Statewide, regional CCR&Rs provided technical assistance services to 6,111 unduplicated preschool classrooms.

Eighty five percent of participants receiving on-site technical assistance and returning a survey will indicate that they are implementing one or more strategies provided by technical assistance specialists to improve the quality of care in their classroom/home. 13 of the 14 regions reported that at least 85% of participants receiving on-site intentional technical assistance indicated they are implementing one or more strategies provided by technical assistance specialists to improve the quality of care in their classroom/home. Statewide, 95% of participants receiving on-site technical assistance (TA) indicated they are implementing one or more strategies provided by technical assistance specialists to improve the quality of care in their classroom/home.

Effective Date: 10/01/2018

## 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:**

CCDF quality funds are used to fund positions within DCDEE's Regulatory Services Section, including child care consultants, investigation consultants, managers and supervisors. These staff implement the enforcement of the child care law and rules and ensure facilities are monitored on an annual basis. In addition, staff conduct compliance investigations recommend administrative actions, conduct compliant follow-up visits, administrative action follow-up visits, routine unannounced visits, and rated license assessment visits. CCDF quality funds are also used to fund technical assistance for child care providers through the CCR&R agencies.

The University of North Carolina Health and Safety Resource Center in 2018-19 will be developing a CCDF Health and Safety Overview Train-the-Trainer course and training materials for early childhood providers. The purpose of this training is to combine more than one CCDF topic area in face-to-face trainings for providers who cannot for one reason or another complete the free online trainings through ProSolutions Training.

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

- [ ] No
- [x] Yes. If yes, which types of providers can access this financial assistance?
  - [x] Licensed CCDF providers

- [x] Licensed non-CCDF providers
- [ ] License-exempt CCDF providers
- [x] Other

Describe:

The financial assistance provided is online health and safety trainings for free through ProSolutions Training. The contract has been extended for 2018-19.

**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**

Measurable indicators of progress will be captured and evaluated through completed outputs/outcomes such as:

ProSolutions Trainings (PST):

a) PST will create and host a customized, online learning Partner Portal to be linked from the North Carolina website.

b) Through the portal, PST will offer 15-20 PST courses – (up to 27 hours of online training) to be included in the North Carolina CCDF Certificate.

c) Courses will be offered in English and Spanish. The link to the completed portal and courses is on the home page of the Division's website. https://ncchildcare.ncdhhs.gov/

CCDF Health and Safety Overview Train-the-Trainer Course

a) The output measure is the number of Child Care Health Consultants (CCHCs) and qualified Technical Assistance (TA) providers trained in the CCDF Health and Safety Overview Train-the-Trainer Course with a target value of 12.

b) A second output measure is the number of child care providers trained in the CCDF Health and Safety Overview Training Course.

Effective Date: 10/01/2018

## 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 star ratings within NC's QRIS allow for the level of quality attained by early care and education programs serving infants, toddlers, preschool and school-age children to be tracked over time. Within the State's QRIS, North Carolina uses the Environment Rating Scales (ERS) to evaluate program standards. In addition, any activities contracted to improve/support the quality of infant-toddler care, preschool or school-age care must meet measures included in the contracts' Scopes of Work for the contract period. North Carolina is currently participating in the 2018 QRIS 3.0 Think Tank to evaluate and improve our rated license system. The areas we are evaluating is Leadership and Governance, Equity, Improvement Supports, Financing, Stakeholder Engagement, Standards and QRIS Accountability and Rating. The Think Tank will provide an opportunity for North Carolina to assess the capacity for moving forward with changes with our rated license system that are based on research, reflect quality, and impact child outcomes. The CCR&R quality initiatives use assessment tools not required by the Star-Rated License to measure different aspect of program quality. For example, the Infant-Toddler Quality Enhancement Initiative certifies the infant toddler specialists in the use of CLASS for on-site technical assistance. Expanding the use of CLASS as a tool for quality improvement related to interactions will be explored for classrooms beyond infant/ toddler classrooms.

Effective Date: 08/19/2020

**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**

Measurable indicators of progress will be captured and evaluated through outcomes and outputs such as:

a) NCRLAP will perform ongoing reliability checks of assessors. Assessors will maintain a minimum reliability of .85 and will be encouraged to maintain .90 reliability. The average reliability for ECERS = .91, ITERS-R=.92, SACERS-U=.92, FCCERS=.91. Total average reliability =.91.

b) NCRLAP will complete 2,880 valid and reliable assessments as requested by DCDEE. NCRLAP conducted 2600 observations. Number of cancelled observations = 215.

Effective Date: 10/01/2018

## 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

☐ 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**

NA

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

Health- North Carolina General Statute Chapter 110, Article 7 and Child Care Rule 10A NCAC 09 include program standards related to health. 15A NCAC 18A Sanitation of Child Care Center Rules also have health related standards. DCDEE currently uses quality funds for Child Care Resource and Referral and other EC entities that support trainings, assessment, and technical assistance related to the state's program standards/rules, including: a statewide Infant-Toddler Quality Enhancement Project; a Promoting Healthy Social Behaviors Project; health and safety child care training; the NC Rated License Assessment Project; and the NC Child Care Health and Safety Resource Center (RC) which provides train-the–trainers for Child Care Health Consultants. The RC often will recommend new rules or ways to amend rules to the NC Child Care Commission, the entity that adopts Child Care Rules for North Carolina. The RC integrates the child care rules and its interpretation in all their trainings.

Mental Health - DCDEE currently uses quality funds for Child Care Resource and Referral activities; CCR&R Core services; a statewide Infant-Toddler Quality Enhancement Project; a Promoting Healthy Social Behaviors Project; health and safety child care training; the NC Rated License Assessment Project; collaborates with the Division of Public Health and the University of North Carolina at Chapel Hill's, NC Child Care Health and Safety Resource Center. All of these entities provide trainings which help providers interpret the child care rules.

Nutrition - North Carolina General Statute Chapter 110, Article 7 and Child Care Rule 10A NCAC 09 include program standards related nutrition. DCDEE collaborates with the USDA Child and Adult Care Food Program. The NC Department of Public Health, Nutrition Services Branch provided in-kind training supports useful for providers and staff on the new Meal Patterns required by the United States Department of Agriculture. Physical Activity - North Carolina General Statute Chapter 110, Article 7 and Child Care Rule 10A NCAC 09 include program standards related to physical activity. DCDEE currently uses quality funds for Child Care Resource and Referral activities; a statewide Infant-Toddler Quality Enhancement

Project; a Promoting Healthy Social Behaviors Project; health and safety child care training; and the NC Rated License Assessment Project. DCDEE has also collaborated with the NC State Natural Learning Initiative which has a goal to improve children's health and development through child care design education and technical assistance for the implementation of cost-effective, naturalized outdoor learning environments which align with the child care rules. Child Care Rule 10A NCAC 09 includes program standards related to physical development.

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**

Measurable indicators of progress will be captured and evaluated through outcomes and outputs such as:

a) Number of new or revised trainings developed and disseminated on health and safety topics. Output: 2 Actual: 4

b) Number of articles on health and safety topics developed and disseminated English and Spanish. Output: 12 Actual: 20

c) By June 30, 2017, the Regional coach will provide 4 group trainings or group coaching sessions. Actual: 4 group trainings were held.

d) By June 30, 2017 the Regional Coach will complete 50 individual consultation sessions with CCHCs. Actual: 83

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)).**

Measured indicators of progress and completion are captured through outputs, outcomes, mid-year and year-end reports. Some of the outcomes and outputs are: a) NC Pre-K provided professional development courses, including North Carolina Foundations for Early Learning and Development to 406 non-public early childhood educators. b) Each CCR&R region (14) will offer four NC Foundations for Early Learning and Development per year. Actual: 85 NC FELD trainings were offered. Additional trainings provided are based on local need and interest. An online training on NC FELD is being developed that will be available at any time through the DCDEE online e-learning platform. In addition to 4,019 participants trained through Early Learning Challenge grant since 2014, in 2017, NC CCR&R Council and CCR&R System trained an additional 843 professionals.

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:**

**DCDEE currently uses quality funds for Child Care Resource and Referral activities;**

**a statewide Infant-Toddler Quality Enhancement Project; a Promoting Healthy Social Behaviors Project; TEACH Scholarships; WAGE$ salary supplements; health and safety child care training; the NC Rated License Assessment Project; and DCDEE staff for monitoring and compliance. Except for DCDEE staff, these are contracted activities and the contracts include performance measures specific to the project or activity.**

**Measurable indicators of progress will be captured and evaluated through outcomes and outputs such as: a) Approximately 3,500 applicants will receive or be eligible to receive WAGE$ payments as of June 30, 2017. Actual: 3,927 applicants received or were eligible to receive WAGE$ payments. b) Child Care WAGE$® staff will conduct up to 15 outreach opportunities. Actual: WAGE$ conducted 34 outreach opportunities. c) WAGE$ will offer five different funding options (tiers), four county-specific eligibility/cut options and implement tier changes, percentage cuts and/or increases as requested. Actual: WAGE$ offered and implemented five different funding tiers. Including the option to choose the income cap, counties utilized four different eligibility options and WAGE$ has implemented percentage cuts/increases as needed.**

**Based on feedback received in the focus groups held across the state, and on input received during the public hearing, DCDEE will consider using additional CCDF quality funds for the following activities to support improved quality of child care services, provider preparedness, and child well-being: Increase technical assistance services to licensed providers, technical assistance providers and child care licensing staff; Increase access to health and safety trainings as well as age specific trainings; Replicate the framework for coaching and mentoring established under the NC Pre-K program to non-Pre-K educators Provide further support for early educator compensation; Trainings and technical assistance to assist providers with implementing NC Foundations for Early Learning and Development; Program incentives to Increase access to Developmental Day programs; Promote efforts to strengthen the state's professional development framework; Establish competencies and increased supports related to Early Childhood Mental Health; Expand supports for improving teacher/child interactions, so that optimal interactions occur; and Increase supports to strengthen family engagement capacity of child care programs as a critically important element of quality child care. DCDEE will consider what measures would be relevant to these activities, including data on star ratings; completion of outcomes and outputs; points earned in QRIS for program or education**

**standards; teachers' levels of education; teacher turnover rates, and increased incidences of identifying children in need of services to evaluate its progress.**

In response to the Coronavirus, DCDEE offered the following supports to providers using CARES Act funding to help sustain the quality care being provided:

- For programs that remained open during April and May, DCDEE provided bonus pay for child care program staff. Measurable indicator: Number of staff receiving bonuses.
- Operational grants were offered to open facilities April-August and potentially additional months depending on the availability of remaining CARES Act funding. Providers were allowed to use these grants for any program operation cost, such as materials, additional staff bonuses, paying program rent, playground equipment etc.. Measurable indicator: Number of operation grants offered to open programs.
- A supply of personal protective equipment (PPE ) and cleaning supplies were and will be provided for all open programs on two occassions. Measurable indicator: Number of programs receiving PPE and cleaning supplies.

Effective Date: 08/28/2020

## 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:

The Lead Agency will provide policy training to staff members who administer the CCDF program.

☑ Train on policy change notices

Describe:

Administrative Letters are sent to LPAs to communicate policy changes. Change notices are sent to LPAs to communicate any changes to the online Subsidized Child Care Assistance Pogram Manual.

☑ Ongoing monitoring and assessment of policy implementation

Describe:

DCDEE will complete fact sheets and PowerPoint presentations for use by LPAs related to requirements for program and provider monitoring and program integrity tracking efforts by March 31, 2019.

☑ Other

Describe:

Staff training -At the request of any LPA, a site visit can be made to address policies in the SCCA. Skype training is also available to LPAs. A Technical Assistance Unit with a manager and six (6) Technical Assistance Consultants conduct training in territory meetings, individual site visits and by Skype.

**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:

Contractors submit monthly financial status reports, and these reports are reviewed by DCDEE contract administrators before reimbursement to review activities and approve expenditures.

☑ Fiscal oversight of grants and contracts

Describe:

DCDEE's use of CCDF is reviewed every year by the NC Department of Health and Human Services to ensure effective internal controls for overall administration of these funds. For activities funded with CCDF quality dollars, the Division of Child Development and Early Education's Center of Excellence committee reviews and evaluates proposed activities. The committee ensures that all funded proposals reflect the goals of the Division of Child Development and Early Education, comply with all CCDF regulations, have clear budgets, and have measurable outcomes. Formal contracts stipulate the services to be rendered by the contractor; outline specific budget line items; and require assurances/certifications that funding will be used for approved purposes. DCDEE follows a comprehensive annual monitoring plan to assess contractor compliance with all fiscal and programmatic requirements.

☑ Tracking systems to ensure reasonable and allowable costs

Describe:

An annual desk audit is performed by the contract administrator. An internal control questionnaire is completed by the contractor to report staffing patterns, programmatic supervision, service delivery and management control systems. Once the desk audit and internal control questionnaire are completed and reviewed, DCDEE schedules on-site monitoring visits to financial assistance contracts and any other contracts selected by the DCDEE's monitoring team. The on-site monitoring team conducts programmatic and fiscal reviews per federal guidelines. The results of the monitoring visit are presented in a written report, which is sent to the contractor to resolve and correct any non-compliance issues.

☐ Other

Describe:

**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:

Each year a risk assessment of each local agency is completed using information about the allocation amount, changes in staffing of the child care program, monitoring findings from the last DCDEE state monitoring, and audit findings from single county audits in the previous two SFYs.

☐ Establish checks and balances to ensure program integrity

Describe:

☑ Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

LPAs are encouraged to complete second party reviews of a sample of the records in

their agencies.This is not a program requirement.

☐ Other

Describe:

**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

Provider Compliance Consultants conduct compliance monitoring visits with Child Care Providers based on a system generated report showing perfect attendance. Monitoring tools and protocols are used to evaluate inconsistencies in child care rates and attendance reported by the provider in NC FAST as well as CACFP attendance and their regulatory-required facility maintained attendance. An error rate has been established to determine what is identified as unintentional or intentional violations. Providers within 10% variance of the number of attendance transactions are considered discrepancies.

☑ Run system reports that flag errors (include types).

Describe:

The Client Services Data Warehouse (CSDW) is used to identify child care centers that have perfect attendance for any selected month. These providers are considered high risk and are prioritized for a visit from the Provider Compliance Unit. The Provider Compliance Unit consists of the Compliance Manager, a Lead Worker, an Auditor, and four Provider Compliance Consultants.

☑ Review enrollment documents and attendance or billing records

Describe:

In addition to monitoring visits to a random sample of child care providers, the provider compliance consultants conduct compliance monitoring visits with child care providers if perfect attendance is recorded in the Client Services Data Warehouse report. Providers with perfect attendance are considered high risk and are prioritized for a visit. Monitoring tools and protocols are used to evaluate inconsistencies in child care rates and attendance reported by the provider in NC FAST as well as CACFP attendance and their regulatory-required facility-maintained attendance. An error rate has been established to determine what is identified as unintentional or intentional violations. Unsupported attendance that exceeds 10% of the total attendance entries made requires a corrective action plan.

☐ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

☑ Audit provider records.

Describe:

Provider Compliance Consultants perform provider record audits in three ways. The first way is by collecting 1-3 months of regulatory-required records as well as CACFP records. These are evaluated with a comparison spreadsheet where the attendance entered in the NC FAST Provider Portal is compared to documents obtained from the provider visit. A second way is by gathering 3 months of records by mail for those providers receiving an Administrative Action from the Regulatory Services Section. These records are compared in the same way described above. The third way is in response to referrals made through the Regulatoy Services Intake Unit. These

referrals come from a variety of sources.

☑ Train staff on policy and/or audits.

Describe:

During the next 12 months training modules will be created for county staff related to policies and procedures and responsibilities of the Local Purchasing Agencies and the State.This includes training on how the county shoud respond to required annual Single County Audits performed by local audit firms in each county.

☑ Other

Describe:

The Provider Compliance Unit makes routine visits to licensed child care providers that participate in the Subsidized Child Care program. These visits are based on a random sample of providers. The sample is 6%. These staff utilize the attendance from NC FAST to complete a comparison with providers' on-site attendance records required by regulatory rules. The Provider Compliance Team also responds to complaints from the DCDEE Regulatory Services Section, the Child and Adult Care Food Program, and the DHHS Office of the Internal Auditor. In these instances, at least 3 months of records are evaluated for compliance. Corrective Action Plans are required when discrepancies in records exceed 10% of the total possible attendance transactions.

News rules which will be effective in 2019 are in process for adoption and approval which would make a determination of fraud when the difference in the correct payment after the corrections are completed and the actual payment the provider received exceed 10%. These rules are awaiting possible legislative action before going into effect.

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:

Provider Compliance Consultants conduct compliance monitoring visits with Child Care Providers based on the Client Services Data Warehouse report. Monitoring tools and protocols are used to evaluate inconsistencies in child care rates and attendance reported by the provider in NC FAST as well as CACFP attendance and their facility maintained attendance. An error rate has been established to determine what is identified as administrative errors.

☑ Run system reports that flag errors (include types).

Describe:

The Client Services Data Warehouse is used to identify child care centers that have perfect attendance for any selected month. These providers are considered high risk and are prioritized for a visit from the Provider Compliance Unit.

☑ Review enrollment documents and attendance or billing records

Describe:

Provider Compliance Consultants conduct compliance monitoring visits with Child Care Providers based on the Client Services Data Warehouse report. Monitoring tools and protocols are used to evaluate inconstancies in child care rates and attendance reported by the provider in NC FAST as well as CACFP attendance and their facility maintained attendance. An error rate of 10% has been established to determine what is identified as administrative errors.

☐ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

☑ Audit provider records.

Describe:

Provider Compliance Consultants perform provider record audits in three ways. The first way is by collecting 1-3 months of regulatory-required records as well as CACFP records. These are evaluated with a comparison spreadsheet where the attendance entered in the NC FAST Provider Portal is compared to documents obtained from the provider visit. A second way is by gathering 3 months of records by mail for those providers receiving an Administrative Action from the Regulatory Services Section.

These records are compared in the same way described above. The third way is in response to referrals made through the Regulatoy Services Intake Unit. These referrals come from a variety of sources.

☑ Train staff on policy and/or audits.

Describe:

During the next 12 months training modules will be created for county staff related to policies and procedures and responsibilities of the Local Purchasing Agencies and the State. This includes training on how the county shoud respond to required annual Single County Audits performed by local audit firms in each county.

☑ Other

Describe:

A team of Program Compliance Consultants work under the direction of a Compliance Manager and Lead Worker. These staff conduct on-site visits to local purchasing agencies (LPA) which administer the subsidized child care assistance program. This monitoring takes place on 3-year rotation. There are 100 counties in North Carolina so approximately 33 LPAs are monitored each year. The monitoring is to assess the LPAs adherence to policies when determining eligibility. The monitoring is completed partially in North Carolina Families Accessing Services through Technology (NC FAST) and partially by reviewing documents maintained in the LPA case files. NC FAST is the state's case management and payment system. The sample size for LPA monitoring is 6% of the children served with a floor of 5 and a ceiling of 150.

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:

☐ Run system reports that flag errors (include types).

Describe:

☐ Review enrollment documents and attendance or billing records

Describe:

☑ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

The Raleigh-based Policy Unit is developing presentations, including the New Worker Training, that will be delivered by Subsidy Technical Assistance Consultants. Also , a team of Program Compliance Consultants work under the direction of a Compliance Manager and Lead Worker. These staff conduct on-site visits to local purchasing agencies (LPA) which administer the subsidized child care assistance program. This monitoring takes place on 3-year rotation. There are 100 counties in North Carolina so approximately 33 LPAs are monitored each year. The monitoring is to assess the LPAs adherence to policies when determining eligibility. The monitoring is completed partially in North Carolina Families Accessing Services through Technology (NC FAST) and partially by reviewing documents maintained in the LPA case files. NC FAST is the state's case management and payment system. The sample size for LPA monitoring is 6% of the children served with a floor of 5 and a ceiling of 150.

☐ Audit provider records.

Describe:

☑ Train staff on policy and/or audits.

Describe:

Local agency staff currently receive training from a DCDEE Compliance Activities Administrative Officer on a 1:1 basis as cases are identified and investigated. This staff person deals exclusively with overpayments, fraudulent misrepresentation, and sanctions. Several new rules related to provider non-compliance, overpayments, and sanctions will be going into effect over the next year. Prior to the time of implementation, all local agency staff will be provided with a webinar-based PowerPoint to assist with implementation. The Compliance Activities Administrative Officer will continue to be available for 1:1 consultation and training to local agency staff.

☐ 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:

The minimum dollar amount that is considered an improper payment is $1.00.

☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

NA

☑ Recover through repayment plans.

Describe:

A Voluntary Payment Agreement (VPA) is developed whenever there is an overpayment of SCCA funds. This VPA can be used for provider and recipient overpayments. For provider overpayments, providers who are actively participating in the Subsidized Child Care Assistance Program have a percent of their future payments deducted directly through NC FAST (20% is the maximum amount that can be recovered each month). Providers may make payment arrangements outside of NC FAST to pay off overpayments in greater installments.

☑ Reduce payments in subsequent months.

Describe:

For provider overpayments, providers who are actively participating in the Subsidized Child Care Assistance Program have a percent of their future payments deducted directly through NC FAST (20% is the maximum amount that can be recovered each month). Providers may make payment arrangements outside of NC FAST to pay off overpayments in greater installments.

☐ Recover through state/territory tax intercepts.

Describe:

☐ Recover through other means.

Describe:

☑ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

The Provider Compliance Unit was established over the past two State Fiscal Years. The Unit consists of a Compliance Manger, a lead worker, four field-based Provider Compliance Consultants, and a Provider Compliance Auditor.

☑ Other

Describe:

As a state-supervised, county-administered program, the LPAs are responsible for the detection and determination of misspent funds as a result of fraud and overpayments, inadvertent and administrative errors. Based on State legislation, LPAs have the option to utilize up to 2% of their direct services allocation for the detection and prevention of fraud. A Compliance Activities Administrative Officer, under the direction of the Compliance Manager, assists LPAs with determinations of fraud and overpayments. This staff provides training to LPAs staff related to the North Carolina Administrative Code (Rules) related to fraud. This staff maintains files of cases identified and pursued by LPAs.

LPAs are more likely to engage in activities to identify fraud and impose sanctions due to training and support from the Compliance Activities Administrative Officer. Provider

Compliance Consultants conduct visits to investigate concerns related to inaccurate attendance reporting by Child Care Providers. They compare attendance entered into NC FAST with attendance documents maintained at the facility as required by child care rule and with CACFP attendance. Findings of the investigation are reported to the location county and contracting LPA's.

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:

The minimum error that is collected is $1.00.

☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

NA

☑ Recover through repayment plans.

Describe:

A Voluntary Payment Agreement (VPA) is developed whenever there is an overpayment of SCCA funds. This VPA can be used for provider and recipient overpayments. For provider overpayments, providers who are actively participating in the Subsidized Child Care Assistance Program have a percent of their future payments deducted directly through NC FAST (20% is the maximum amount that can be recovered each month). Providers may make payment arrangements outside of NC FAST to pay off overpayments in greater installments.

☑ Reduce payments in subsequent months.

Describe:

A Voluntary Payment Agreement (VPA) is developed whenever there is an overpayment of SCCA funds. This VPA can be used for provider and recipient

overpayments. For provider overpayments, providers who are actively participating in the Subsidized Child Care Assistance Program have a percent of their future payments deducted directly through NC FAST (20% is the maximum amount that can be recovered each month). Providers may make payment arrangements outside of NC FAST to pay off overpayments in greater installments.

☐ Recover through state/territory tax intercepts.

Describe:

NA

☐ Recover through other means.

Describe:

NA

☑ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

The Provider Compliacnce Unit was established in the past two State Fiscal Years. The Unit consists of a Compliance Manger, a lead worker, four field-based Provider Compliance Consultants, and a Provider Compliance Auditor. This unit identifies errors in provider attendance records and works with the LPAs to calculate overpayment amounts. This activity assists LPAs that do not have internal investigations staffing to evaluate child care provider records.

☐ Other

Describe:

NA

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:

The minimum dollar amount that is considered an improper payment is $1.00.

☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

☐ Recover through repayment plans.

Establish a unit to investigate and collect improper payments.

☐ Reduce payments in subsequent months.

Describe:

☐ Recover through state/territory tax intercepts.

Describe:

☐ Recover through other means.

Describe:

☑ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

A team of Program Compliance Consultants work under the direction of a Compliance Manager and Lead Worker. These staff conduct on-site visits to local purchasing agencies (LPA) which administer the subsidized child care assistance program. This monitoring takes place on 3-year rotation. There are 100 counties in North Carolina so approximately 33 LPAs are monitored each year. The monitoring is to assess the LPAs adherence to policies when determining eligibility. The monitoring is completed partially in North Carolina Families Accessing Services through Technology (NC FAST) and partially by reviewing documents maintained in the LPA case files. NC FAST is the state's case management and payment system. The sample size for LPA monitoring is 6% of the children served with a floor of 5 and a ceiling of 150.

☑ Other

Describe:

Administrative errors identified in LPA monitoring are repaid from county funds within 90 days of the LPA's receipt on the monitoring report.

**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:

The local purchasing agency shall impose sanctions for fraudulent misrepresentation when a person, whether a provider or recipient of child care subsidies, or someone claiming to be a provider or recipient of child care subsidies, does the following: (1) With the intent to deceive, makes a false statement or representation regarding a material fact, or fails to disclose a material fact; and (2) As a result of the false statement or representation or the omission, obtains, attempts to obtain, or continues to receive a child care subsidy for himself or herself or for another person. The local purchasing agency shall impose the following sanctions for fraudulent misrepresentation in addition to requiring the recipient to repay the amount of child care subsidy for which he or she is ineligible to receive. (1) After the first incidence of fraudulent misrepresentation by a recipient, the recipient shall be ineligible to receive subsidized child care services until overpayment is recouped in full or the local purchasing agency shall enter into a repayment agreement with the recipient if the recipient so desires; (2) After the second incidence of fraudulent misrepresentation by a recipient, the recipient shall be ineligible to participate in the subsidized child care program for three months; and (A) shall repay the overpayment in full; or (B) the local purchasing agency shall enter into a new repayment agreement with the recipient if the recipient so desires; (3) After the third incidence of fraudulent misrepresentation by a recipient, the recipient shall be permanently ineligible to participate in the subsidized child care program and shall repay the overpayment in full. If a recipient enters into a repayment agreement and fails to

comply with terms of that agreement, eligibility to participate in the subsidized child care program shall cease until repayment is made in full or the recipient and the local purchasing agency agree to modify the repayment agreement. The recipient shall be permanently ineligible to participate in the subsidized child care program if: (1) the total dollar amount of the fraudulent misrepresentation exceeds ten thousand dollars ($10,000); or (2) the recipient is convicted of fraudulent misrepresentation pursuant to G.S. 110-107. Sanctions pursuant to this Rule shall be effective 10 days from the date of notice of the sanction. (g) When a court of competent jurisdiction finds a recipient guilty of fraudulent misrepresentation pursuant to Subparagraph (d)(2) of this Rule, the sanction imposed is not subject to appeal under this Section. (h) Nothing in this Rule shall be construed as limiting child care services pursuant to 10A NCAC 10 .0906. Rules, which will go into effect in 2019, will revise the sanctions for fraudulent misrepresentation. These revisions will mean that upon the first instance of fraudulent misrepresentation by a recipient, he or she must repay the amount of child care subsidy for which he or she was ineligible to receive, and the recipient will be permanently ineligible to participate in the Subsidized Child Care Assistance Program.

☑ Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe:

The local purchasing agency shall impose sanctions for fraudulent misrepresentation when a person, whether a provider or recipient of child care subsidies, or someone claiming to be a provider or recipient of child care subsidies, does the following: (1) With the intent to deceive, makes a false statement or representation regarding a material fact, or fails to disclose a material fact; and (2) As a result of the false statement or representation or the omission, obtains, attempts to obtain, or continues to receive a child care subsidy for himself or herself or for another person. The local purchasing agency shall impose the following sanctions for fraudulent misrepresentation in addition to requiring the provider to repay the amount of child care subsidy for which he or she is ineligible to receive: After the first incidence of fraudulent misrepresentation by a provider, the provider shall not be paid with subsidized child care funds for any new children who enroll in the provider's program for 12 months; and the provider shall repay the overpayment in full; or the local purchasing agency shall enter into a repayment agreement with the provider if the provider so desires. If a provider enters into a repayment agreement and fails to comply with terms of that agreement, eligibility to

participate in the subsidized child care assistance program shall cease until repayment is made in full or the provider and the local purchasing agency agree to modify the repayment agreement.
After the second incidence of fraudulent misrepresentation by a provider, the provider shall repay the overpayment in full, shall be permanently ineligible to participate in the subsidized child care program, and shall not be reimbursed for any services provided to children enrolled in the provider's program from the date of notification of sanction in accordance with G.S. 150B-23(c). The provider shall be permanently ineligible to participate in the subsidized child care program if: (1) the total dollar amount of the fraudulent misrepresentation exceeds ten thousand dollars ($10,000); or (2) the provider is convicted of fraudulent misrepresentation pursuant to G.S. 110-107. (e) Sanctions pursuant to this Rule shall be effective 10 days from the date of notice of the sanction. Appeal of a sanction shall not stay the termination of payments under this Rule. (f) A child care provider may appeal any sanction imposed this Rule pursuant to 10A NCAC 10 .0311 and 10A NCAC 10. 0312. When a court of competent jurisdiction finds a provider guilty of fraudulent misrepresentation, the sanction imposed is not subject to appeal. Provider Appeals are governed by 10A NCAC 10 .0311 PROVIDER APPEAL TO LOCAL PURCHASING AGENCY (a) A provider or recipient wishing to contest an action shall request an initial review with the local purchasing agency within 30 calendar days of effective date of the local purchasing agency action. (b) The local purchasing agency must make a determination on the initial review within 10 calendar days of the request for an initial review. Within 30 calendar days of notice of the determination on the initial review by the local purchasing agency, the provider may request a local appeal hearing by the local purchasing agency. (c) The local appeal hearing shall be held within five calendar days of when the request is received. The local purchasing agency shall grant a delay of up to 10 days at the written request of the provider, but in no event shall the local appeal hearing be held more than 15 calendar days after the receipt of the request for hearing. (d) The local purchasing agency must serve a written statement of decision within 10 calendar days following the local hearing. The decision shall include the facts and conclusions which support the determination by the local purchasing agency.
(e) The local purchasing agency shall include with its written statement of decision instructions for appealing its decision. (f) A provider may appeal the written statement of decision of the local purchasing agency to the State Subsidy Services Appeals Panel by filing a notice of appeal within 15 calendar days of receipt of the written statement of decision. Additional appeals are available to the provider as shown below: 10A NCAC 10

.0312 APPEAL TO DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION SUBSIDY SERVICES REVIEW PANEL (a) Definitions.-The following definitions apply in this Rule: (1) "Appealing Party" means the Provider or Recipient, as defined in 10A NCAC 10 .0102. (2) "File or Filing" means personal delivery, delivery by certified mail, or delivery by overnight express mail to the current Chief of Subsidy Services Section (Chief), North Carolina Division of Child Development and Early Education (Division), 2201 Mail Service Center, Raleigh, NC 27699-2201. A document or paper is deemed filed as of the date it is delivered to the Chief. Filings addressed to a person other than the Division Director, or which fail to be filed within the time periods established by this Rule, or which otherwise fail to be filed in conformity with the rules in this Section shall be considered as improper filings and denied. (3) "State Subsidy Services Appeals Panel" means the North Carolina Division of Child Development and Early Education internal review panel established under this Rule. (b) Appeals Panel.-The State Subsidy Services Appeals Panel (Panel) is established. The Panel shall be impartial and shall consist of one representative and one alternate representative for each Section of the Division. Representatives and alternates shall be chosen by each Section Chief. (c) Who Can Appeal.-The following persons may appeal to the Panel after having exhausted the appeals process at the appropriate Local Purchasing Agency: (1) A provider or recipient to whom a local purchasing agency has issued a sanction pursuant to 10A NCAC 10 .0308; (2) A provider whom a local purchasing agency has failed to approve for participation in or has terminated participation the subsidized child care program pursuant to Section .0600 of this Chapter; (3) A provider whom a local purchasing agency has failed to approve for participation in or has terminated participation the subsidized child care program pursuant to Section .0700 of this Chapter; and (4) A provider wishing to contest the determination of overpayment pursuant to 10A NCAC 10 .0309. (d) Hearing.-All members of the Panel shall hear an appeal to the Panel. An appeal shall be filed with the Panel within 30 days of exhausting the appeals process at the local purchasing agency as described as follows: (1) The Subsidy Services Chief shall notify the Local Purchasing Agency (LPA) that an appeal has been filed; and (2) Upon notification of an appeal filed pursuant to this section, the LPA shall, within five days of the date of notification, forward to the Chief, with a copy to the appellant: (A) a copy of its final decision; (B) the signed agreement between the LPA and the provider or recipient, where applicable; and (C) all supplementary documentation considered during the local appeals process. (e) The Panel shall convene and shall maintain a record of their decision in the appeal and the reason(s) for their decision. (f) The Panel shall vote

on each item being appealed. (g) Findings and decisions of the Panel shall be by majority vote. (h) The Panel may obtain any form of technical assistance or consultation relevant to the appeal in conducting the administrative review. (i) The Panel shall complete an administrative review and notify the appealing party and the LPA of its decision in writing within 20 business days of the Panel's receipt of the appeal record. The decision shall include the facts and conclusions which support the determination by the State Subsidy Services Appeals Panel. (j) Any decision shall be delayed until a subsequent meeting if the Panel determines that it lacks sufficient information to render a decision at the initial administrative review. (k) The administrative review decision shall be distributed within 10 business days of the decision being rendered. (l) The appellant may appeal the administrative review decision by filing a petition for contested case pursuant to G.S. 150B-23 and in accordance with G.S. 110-94. Appeals from the State Subsidy Appeals Panel must be filed within 30 days of mailing of the Panel's decision to the parties. (m) Decision-A decision may direct an LPA to take an action or to refrain from taking an action.

Rules, which will go into effect 2019, will create sanctions for fraudulent misrepresentation. These revisions will ensure that upon the first instance of fraudulent misrepresentation by an operator, he or she must repay the amount of child care subsidy for which he or she was ineligible to receive, and the operator will be permanently ineligible to participate in the Subsidized Child Care Assistance Program. Upon first instance of fraudulent misrepresentation by an operator who is not an owner(which would include a director), he or she must repay the amount of child care subsidy for which he or she was ineligible to receive, and the operator who is not an owner will be permanently ineligible to participate in the Subsidized Child Care Assistance Program in the capacity of an operator.

☐ Prosecute criminally.

Describe:

NA

☐ Other.

Describe:

NA

## 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.1:** In-state criminal registry or repository checks with fingerprints requirements for existing staff. (See related question at 5.4.1 (b))

Describe the provision from which the state/territory seeks relief.

A search of the state criminal registry or repository, with the use of fingerprints has been conducted on all current (existing) child care staff, with the exception of staff employed by the local education agencies. Criminal background checks for staff employed by the local education agencies is conducted by each county where the employee works in the public school system. There is no standard requirement across the state; therefore, we are unable to determine if these requirements have been met for the current (existing) staff.

Although the Division feels that local school systems have diligently attempted to complete the required criminal background checks, the process was hindered greatly with the cessation of fingerprinting operations at local law enforcement agencies as a result of the COVID 19 pandemic. North Carolina has 100 counties with local law enforcement agencies completing fingerprinting of applicants. In late June and early July, these agencies started resuming fingerprinting operations, but with many restrictions to prevent the spread of the COVID-19. Of the 100 counties, there are 75 counties fingerprinting with limitations. Limitations included limited hours for fingerprinting, limited days for fingerprinting, fingerprinting by appointment only, and only fingerprinting residents of the county where the local law enforcement office is located. As of September 2020, three counties are not fingerprinting at all.

The Division feels local school systems were making significant progress during the last waiver period with schools completing criminal background checks based on a 17% increase in applications received during the 2019-2020 FY (6,186 more applications). The state also feels comfortable in assuming approximately 75% of local school system employees have had criminal background checks completed. However, with there being four months in which fingerprinting was not occurring across the state, this has necessitated the request for a waiver to ensure the remainder of those needing to be fingerprinted will have ample time to complete the process. The state seeks relief in

completing fingerprint-based background checks for existing staff of NC Pre-K programs and licensed before and after school programs working in local education agencies with a preferred start date of October 1, 2020 and an end date of September 30, 2021; the allowable timeframe of the waiver.

In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care waiver letter approved November 24, 2020 of requirement 45 CFR 98.43(b)(3)(i), the Division is allowing an additional year (October 1, 2020 through September 30, 2021) for local education agency staff, including staff of NC Pre-Kindergarten programs and licensed before and after school programs, to complete the criminal background check process.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

This will allow ample time to completely implement the federal background check requirements with our local education agency partners. DCDEE has held initial meeting and will have additional meetings with DPI to develop an implementation strategy.

The new CBC waiver, for the extraordinary circumstances associated with the Coronavirus pandemic, would allow additional time for employees at local education agencies to complete federal background checks that include all the required components. Limiting delays in hiring staff, allows children to have their consistent teacher sooner.

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.

Even though the local education agencies may not complete a criminal background check on all employees that meets all the components of the child care development block grant requirements, they do complete a background check on employees upon hire.

The health, safety and well-being of children served through assistance received through CCDF, COVID-19 waiver will not be compromised because local education agencies are

required to complete a background check on all new employees upon hire.

☑ **Appendix A.2:** In-state sex offender registry requirements for existing staff. (See related question at 5.4.2 (b))

Describe the provision from which the state/territory seeks relief.

A search of the state sex offender repository has been conducted on all current (existing) child care staff, with the exception of staff employed by the local education agencies. Criminal background checks for staff employed by the local education agencies is conducted by each county where the employee works in the public school system. There is no standard requirement across the state; therefore, we are unable to determine if these requirements have been met for the current (existing) staff.

Although the Division feels that local school systems have diligently attempted to complete the required criminal background checks, the process was hindered greatly with the cessation of fingerprinting operations at local law enforcement agencies as a result of the COVID 19 pandemic. North Carolina has 100 counties with local law enforcement agencies completing fingerprinting of applicants. In late June and early July, these agencies started resuming fingerprinting operations, but with many restrictions to prevent the spread of the COVID-19. Of the 100 counties, there are 75 counties fingerprinting with limitations. Limitations included limited hours for fingerprinting, limited days for fingerprinting, fingerprinting by appointment only, and only fingerprinting residents of the county where the local law enforcement office is located. As of September 2020, three counties are not fingerprinting at all.

The Division feels local school systems were making significant progress during the last waiver period with schools completing criminal background checks based on a 17% increase in applications received during the 2019-2020 FY (6,186 more applications). The state also feels comfortable in assuming approximately 75% of local school system employees have had criminal background checks completed. However, with there being four months in which fingerprinting was not occurring across the state, this has necessitated the request for a waiver to ensure the remainder of those needing to be fingerprinted will have ample time to complete the process. The state seeks relief in completing fingerprint-based background checks for existing staff of NC Pre-K programs and licensed before and after school programs working in local education agencies with a preferred start date of October 1, 2020 and an end date of September 30, 2021; the

allowable timeframe of the waiver.

In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care waiver letter approved November 24, 2020 of requirement 45 CFR 98.43(b)(3)(ii), the Division is allowing an additional year (October 1, 2020 through September 30, 2021) for local education agency staff, including staff of NC Pre-Kindergarten programs and licensed before and after school programs, to complete the criminal background check process.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

This will allow ample time to completely implement the federal background check requirements with our local education agency partners. DCDEE has held initial meeting and will have additional meetings with DPI to develop an implementation strategy.

The new CBC waiver, for the exraordinary circumstances associated with the Coronavirus pandemic, would allow additional time for employees at local education agencies to complete federal background checks that include all the required components. Limiting delays in staff hiring allows children to have their consistent teacher sooner.

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.

Even though the local education agencies may not complete a criminal background check on all employees that meets all the components of the child care development block grant requirements, they do complete a background check on employees upon hire.

The health, safety and well-being of children served through assistance received through CCDF, COVID-19 waiver will not be compromised because local education agencies are required to complete a background check on all new employees upon hire.

☑ **Appendix A.3:** In-state child abuse and neglect registry requirements for existing staff. (See related question at 5.4.3 (b))

Describe the provision from which the state/territory seeks relief.

A search of the abuse and neglect registry has been conducted on all current (existing) child care staff, with the exception of staff employed by the local education agencies. Criminal background checks for staff employed by the local education agencies is conducted by each county where the employee works in the public school system. There is no standard requirement across the state; therefore, we are unable to determine if these requirements have been met for the current (existing) staff. By September 30, 2019, the Division will implement conducting these checks for all new staff employed by the local education agencies through the State Criminal Background Check Portal. Key activity toward implementation - Through collaboration with the Department of Public Instruction, all current (existing) staff will be checked for this requirement by September 30, 2019.

Although the Division feels that local school systems have diligently attempted to complete the required criminal background checks, the process was hindered greatly with the cessation of fingerprinting operations at local law enforcement agencies as a result of the COVID 19 pandemic. North Carolina has 100 counties with local law enforcement agencies completing fingerprinting of applicants. In late June and early July, these agencies started resuming fingerprinting operations, but with many restrictions to prevent the spread of the COVID-19. Of the 100 counties, there are 75 counties fingerprinting with limitations. Limitations included limited hours for fingerprinting, limited days for fingerprinting, fingerprinting by appointment only, and only fingerprinting residents of the county where the local law enforcement office is located. As of September 2020, three counties are not fingerprinting at all.

The Division feels local school systems were making significant progress during the last waiver period with schools completing criminal background checks based on a 17% increase in applications received during the 2019-2020 FY (6,186 applications). The state also feels comfortable in assuming approximately 75% of local school system employees have had criminal background checks completed. However, with there being four months in which fingerprinting was not occurring across the state, this has necessitated the request for a waiver to ensure the remainder of those needing to be fingerprinted will have ample time to complete the process. The state seeks relief in completing fingerprint-based background checks for existing staff of NC Pre-K programs and licensed before and after school programs working in local education agencies with

a preferred start date of October 1, 2020 and an end date of September 30, 2021; the allowable timeframe of the waiver.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

This will allow ample time to completely implement the federal background check requirements with our local education agency partners.

The new CBC waiver, for the extraordinary circumstances associated with the Coronavirus pandemic, would allow additional time for employees at local education agencies to complete federal background checks that include all the required components. Limiting delays in hiring staff allows children to have their consistent teacher sooner.

In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care waiver letter approved November 24, 2020 of requirement, 45 CFR 98.43(b)(3)(iii), the Division is allowing an additional year (October 1, 2020 through September 30, 2021) for local education agency staff, including staff of NC Pre-Kindergarten programs and licensed before and after school programs, to complete the criminal background check process.

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.

Even though the local education agencies may not complete a criminal background check on all employees that meets all the components of the child care development block grant requirements, they do complete a background check on employees upon hire.

The health, safety and well-being of children served through assistance received through CCDF, COVID-19 waiver will not be compromised because local education agencies are

required to complete a background check on all new employees upon hire.

☑ **Appendix A.4:** National FBI fingerprint search requirements for existing staff. (See related question at 5.4.4 (b))

Describe the provision from which the state/territory seeks relief.

A search of the FBI Fingerprint check using Next Generation Identification has been conducted on all current (existing) child care staff, with the exception of staff employed by the local education agencies. Criminal background checks for staff employed by the local education agencies is conducted by each county where the employee works in the public school system. There is no standard requirement across the state; therefore, we are unable to determine if these requirements have been met for the current (existing) staff.

Although the Division feels that local school systems have diligently attempted to complete the required criminal background checks, the process was hindered greatly with the cessation of fingerprinting operations at local law enforcement agencies as a result of the COVID 19 pandemic. North Carolina has 100 counties with local law enforcement agencies completing fingerprinting of applicants. In late June and early July, these agencies started resuming fingerprinting operations, but with many restrictions to prevent the spread of the COVID-19. Of the 100 counties, there are 75 counties fingerprinting with limitations. Limitations included limited hours for fingerprinting, limited days for fingerprinting, fingerprinting by appointment only, and only fingerprinting residents of the county where the local law enforcement office is located. As of September 2020, three counties are not fingerprinting at all.

The Division feels local school systems were making significant progress during the last waiver period with schools completing criminal background checks based on a 17% increase in applications received during the 2019-2020 FY (6,186 more applications). The state also feels comfortable in assuming approximately 75% of local school system employees have had criminal background checks completed. However, with there being four months in which fingerprinting was not occurring across the state, this has necessitated the request for a waiver to ensure the remainder of those needing to be fingerprinted will have ample time to complete the process. The state seeks relief in completing fingerprint-based background checks for existing staff of NC Pre-K programs and licensed before and after school programs working in local education agencies with

a preferred start date of October 1, 2020 and an end date of September 30, 2021; the allowable timeframe of the waiver.

In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care waiver letter approved November 24, 2020 of requirement, 45 CFR 98.43(b)(1), the Division is allowing an additional year (October 1, 2020 through September 30, 2021) for local education agency staff, including staff of NC Pre-Kindergarten programs and licensed before and after school programs, to complete the criminal background check process.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

This will allow ample time to completely implement the federal background check requirements with our local education agency partners. DCDEE has held initial meeting and will have additional meetings with DPI to develop an implementation strategy.

The new CBC waiver, for the extraordinary circumstances associated with the Coronavirus pandemic, would allow additional time for employees at local education agencies to complete federal background checks that include all the required components. Limiting delays in hiring staff, allows children to have their consistent teacher sooner.

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.

Even though the local education agencies may not complete a criminal background check on all employees that meets all the components of the child care development block grant requirements, they do complete a background check on employees upon hire.

The health, safety and well-being of children served through assistance received through CCDF, COVID-19 waiver will not be compromised because local education agencies are required to complete a background check on all new employees upon hire.

☑ **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.

Criminal background checks for staff employed by the local education agencies is conducted by each county where the employee works in the public school system. There is no standard requirement across the state; therefore, we are unable to determine if these requirements have been meet for the current (existing) staff.

Although the Division feels that local school systems have diligently attempted to complete the required criminal background checks, the process was hindered greatly with the cessation of fingerprinting operations at local law enforcement agencies as a result of the COVID 19 pandemic. North Carolina has 100 counties with local law enforcement agencies completing fingerprinting of applicants. In late June and early July, these agencies started resuming fingerprinting operations, but with many restrictions to prevent the spread of the COVID-19. Of the 100 counties, there are 75 counties fingerprinting with limitations. Limitations included limited hours for fingerprinting, limited days for fingerprinting, fingerprinting by appointment only, and only fingerprinting residents of the county where the local law enforcement office is located. As of September 2020, three counties are not fingerprinting at all.

The Division feels local school systems were making significant progress during the last waiver period with schools completing criminal background checks based on a 17% increase in applications received during the 2019-2020 FY (6,186 applications). The state also feels comfortable in assuming approximately 75% of local school system employees have had criminal background checks completed. However, with there being four months in which fingerprinting was not occurring across the state, this has necessitated the request for a waiver to ensure the remainder of those needing to be fingerprinted will have ample time to complete the process. The state seeks relief in completing fingerprint-based background checks for existing staff of NC Pre-K programs and licensed before and after school programs working in local education agencies.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

This will allow ample time to completely implement the federal background check

requirements with our local education agency partners.DCDEE has held initial meeting and will have additional meetings with DPI to develop an implementation strategy.

The new CBC waiver, for the extraordinary circumstances associated with the Coronavirus pandemic, would allow additional time for employees at local education agencies to complete federal background checks that include all the required components. Limiting delays in hiring staff, allows children to have their consistent teacher sooner.

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.

Even though the local education agencies may not complete a criminal background check on employees that meets all the components of the child care development block grant requirements, they do complete a background check on employees upon hire.

The health, safety and well-being of children served through assistance received through CCDF, COVID-19 waiver will not be compromised because local education agencies are required to complete a background check on all new employees upon hire.

☑ **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.

Criminal background checks for staff employed by the local education agencies is conducted by each county where the employee works in the public school system. There is no standard requirement across the state; therefore, we are unable to determine if these requirements have been meet for the current (existing) staff.

Although the Division feels that local school systems have diligently attempted to complete the required criminal background checks, the process was hindered greatly with the cessation of fingerprinting operations at local law enforcement agencies as a result of the COVID 19 pandemic. North Carolina has 100 counties with local law enforcement agencies completing fingerprinting of applicants. In late June and early July, these agencies started resuming fingerprinting operations, but with many restrictions to prevent the spread of the COVID-19. Of the 100 counties, there are 75 counties

fingerprinting with limitations. Limitations included limited hours for fingerprinting, limited days for fingerprinting, fingerprinting by appointment only, and only fingerprinting residents of the county where the local law enforcement office is located. As of September 2020, three counties are not fingerprinting at all.

The Division feels local school systems were making significant progress during the last waiver period with schools completing criminal background checks based on a 17% increase in applications received during the 2019-2020 FY (6,186 applications). The state also feels comfortable in assuming approximately 75% of local school system employees have had criminal background checks completed. However, with there being four months in which fingerprinting was not occurring across the state, this has necessitated the request for a waiver to ensure the remainder of those needing to be fingerprinted will have ample time to complete the process. The state seeks relief in completing fingerprint-based background checks for existing staff of NC Pre-K programs and licensed before and after school programs working in local education agencies with a preferred start date of October 1, 2020 and an end date of September 30, 2021; the allowable timeframe of the waiver.

In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care waiver letter approved November 24, 2020 of requirement, 45 CFR 98.43(b)(2), the Division is allowing an additional year (October 1, 2020 through September 30, 2021) for local education agency staff, including staff of NC Pre-Kindergarten programs and licensed before and after school programs, to complete the criminal background check process.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

This will allow ample time to completely implement the federal background check requirements with our local education agency partners. DCDEE has held initial meeting and will have additional meetings with DPI to develop an implementation strategy.

The new CBC waiver, for the extraordinary circumstances associated with the Coronavirus pandemic, would allow additional time for employees at local education agencies to complete federal background checks that include all the required components. Limiting delays in hiring staff, allows children to have their consistent

teacher sooner.

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.

Even though the local education agencies may not complete a criminal background check on employees that meets all the components of the child care development block grant requirements, they do complete a background check on employees upon hire.

The health, safety and well-being of children served through assistance received through CCDF, COVID-19 waiver will not be compromised because local education agencies are required to complete a background check on all new employees upon hire.

☑ **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 Division is requesting a waiver to complete the interstate criminal registry or repository check for new or prospective staff that have lived out of NC during the past five years. North Carolina Criminal Background Check Portal requires applicants to record the states where they have lived for the proceeding five years effective January 4, 2018. The applicant is responsible for obtaining criminal record checks in the states they have lived for the proceeding five years. The CBCU staff send contact information about the states to the individual where they have resided to assist the applicant. In some situations, the CBCU staff will contact the states if the applicant is unable to obtain their criminal background check or if the state requires the state to request the information. When an applicant applies from a state that participates in the National Fingerprint File (NFF) program, North Carolina accepts that information and processes the application, fully implementing this requirement. Key efforts - North Carolina has set up the system to assist applicants, but is relying on other states to come into compliance with this process in order to fully implement the requirement. Challenges - Despite requests for applicants to obtain information from other states, some states have indicated that their statutes and /or policies do not allow the sharing of this information. This delay has caused a hardship on the applicants that are unable to obtain this information. In addition, meeting the 45

day mandate to complete a criminal background check is not possible when other states do not respond timely. North Carolina statute does not allow provisional status for applicants; therefore, applicants are not getting results for up to 45 days and longer. This causes the applicants to look for other work and the child care program to be without needed qualified staff. If all states participated in the NFF program, this process would be streamlined. Strategies - CBCU staff have contacted other states to find out contact information, required forms and their processes. Regarding the closed states that do not share information, we are forced to process the applicants criminal background check based on the North Carolina criminal background check information.

The state is considering rules which will allow an individual to provisionally be hired in a child care program, if the Division has not received the required out-of state criminal registry check from the state in which the person resided or has anytime resided in the last five years.

Although the Division feels that local school systems have diligently attempted to complete the required criminal background checks, the process was hindered greatly with the cessation of fingerprinting operations at local law enforcement agencies as a result of the COVID 19 pandemic. North Carolina has 100 counties with local law enforcement agencies completing fingerprinting of applicants. In late June and early July, these agencies started resuming fingerprinting operations, but with many restrictions to prevent the spread of the COVID-19. Of the 100 counties, there are 75 counties fingerprinting with limitations. Limitations included limited hours for fingerprinting, limited days for fingerprinting, fingerprinting by appointment only, and only fingerprinting residents of the county where the local law enforcement office is located. As of September 2020, three counties are not fingerprinting at all.

The Division feels local school systems were making significant progress during the last waiver period with schools completing criminal background checks based on a 17% increase in applications received during the 2019-2020 FY (6,186 applications). The state also feels comfortable in assuming approximately 75% of local school system employees have had criminal background checks completed. However, with there being four months in which fingerprinting was not occurring across the state, this has necessitated the request for a waiver to ensure the remainder of those needing to be fingerprinted will have ample time to complete the process. The state seeks relief in

completing fingerprint-based background checks for existing staff of NC Pre-K programs and licensed before and after school programs working in local education agencies with a preferred start date of October 1, 2020 and an end date of September 30, 2021; the allowable timeframe of the waiver.

In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care waiver approved November 24, 2020 of requirement, 45 CFR 98.43 (b)(3)(i), the Division is allowing an additional year (October 1, 2020 through September 30, 2021) for local education agency staff, including staff of NC Pre-Kindergarten programs and licensed before and after school programs, to complete the criminal background check process.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

By allowing North Carolina time to implement this provision, it will allow us to develop processes to request information from the other states/territories in a timely manner and allow other states time to build infrastructure.

The new CBC waiver, for the extraordinary circumstances associated with the Coronavirus pandemic, would allow additional time for employees at local education agencies to complete federal background checks that include all the required components. Limiting delays in hiring staff, allows children to have their consistent teacher sooner.

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 North Carolina Child Care Law requires all providers to have a background check, including a fingerprint-based check of the state and federal criminal repositories using Next Generation Identification, a check of the Responsible Individual List (child abuse neglect registry), the state sex offender registry, a check of the NC Administrative Office of the Courts, and a check of the state's Child Maltreatment Registry before beginning work.

The health, safety and well-being of children served through assistance received through CCDF, COVID-19 waiver will not be compromised because local education agencies are required to complete a background check on all new employees upon hire.

☑ **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 Division is requesting a waiver to complete the interstate sex offender registry or repository check for existing staff that have lived out of NC during the past five years. North Carolina Criminal Background Check portal requires applicants to record the states where they have lived for the proceeding five years effective January 4, 2018. The applicant is responsible for obtaining sex offender and registry or repository checks in the states they have lived for the proceeding five years. The CBCU staff send contact information about the states to the individual where they have resided to assist the applicant. In some situations, the CBCU staff will contact the states if the applicant is unable to obtain their criminal background check or if the state requires the state to request the information. North Carolina has set up the system to assist applicants but is relying on other states to come into compliance with this process in order to fully implement the requirement. Challenges - Despite requests for applicants to obtain information from other states, some states have indicated that their statutes and /or policies do not allow the sharing of this information. This delay has caused a hardship on the applicants that are unable to obtain this information. In addition, meeting the 45 day mandate to complete a criminal background check is not possible when other states do not respond timely. North Carolina statute does not allow provisional status for applicants; therefore, applicants are not getting results for up to 45 days and longer. This causes the applicants to look for other work and the child care program to be without needed qualified staff. Strategies - CBCU staff have contacted other states to find out contact information, required forms and their processes. Regarding the closed states that do not share information, we are forced to process the applicants criminal background check based on the North Carolina criminal background check information.**

**The state is considering rule language which will allow an individual to**

**provisionally be hired in a child care program if the Division has not received the required out-of state sex offender registry check from the state in which the person resided or has anytime resided in the last five years.**

**Although the Division feels that local school systems have diligently attempted to complete the required criminal background checks, the process was hindered greatly with the cessation of fingerprinting operations at local law enforcement agencies as a result of the COVID 19 pandemic. North Carolina has 100 counties with local law enforcement agencies completing fingerprinting of applicants. In late June and early July, these agencies started resuming fingerprinting operations, but with many restrictions to prevent the spread of the COVID-19. Of the 100 counties, there are 75 counties fingerprinting with limitations. Limitations included limited hours for fingerprinting, limited days for fingerprinting, fingerprinting by appointment only, and only fingerprinting residents of the county where the local law enforcement office is located. As of September 2020, three counties are not fingerprinting at all.**

**The Division feels local school systems were making significant progress during the last waiver period with schools completing criminal background checks based on a 17% increase in applications received during the 2019-2020 FY (6,186 applications). The state also feels comfortable in assuming approximately 75% of local school system employees have had criminal background checks completed. However, with there being four months in which fingerprinting was not occurring across the state, this has necessitated the request for a waiver to ensure the remainder of those needing to be fingerprinted will have ample time to complete the process. The state seeks relief in completing fingerprint-based background checks for existing staff of NC Pre-K programs and licensed before and after school programs working in local education agencies with a preferred start date of October 1, 2020 and an end date of September 30, 2021; the allowable timeframe of the waiver.**

**In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care waiver letter approved November 24, 2020 of requirement, 45 CFR 98.43 (b)(3)(ii), the Division is allowing an additional year (October 1, 2020 through September 30, 2021) for local education agency staff, including staff of NC Pre-**

**Kindergarten programs and licensed before and after school programs, to complete the criminal background check process.**

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

By allowing North Carolina time to implement this provision, it will allow us to develop processes to request information from the other states/territories in a timely manner.

The new CBC waiver, for the extraordinary circumstances associated with the Coronavirus pandemic, would allow additional time for employees at local education agencies to complete federal background checks that include all the required components. Limiting delays in hiring staff, allows children to have their consistent teacher sooner.

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 North Carolina Child Care Law requires all providers to have a background check, including a fingerprint-based check of the state and federal criminal repositories using Next Generation Identification, a check of the Responsible Individual List (child abuse neglect registry), the state sex offender registry, a check of the NC Administrative Office of the Courts, and a check of the state's Child Maltreatment Registry before beginning work.

The health, safety and well-being of children served through assistance received through CCDF, COVID-19 waiver will not be compromised because local education agencies are required to complete a background check on all new employees upon hire.

☑ **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.

**North Carolina Criminal Background Check portal requires applicants to record the states where they have lived for the proceeding five years effective January 4, 2018. The applicant is responsible for obtaining child abuse and neglect registry checks in the states they have lived for the proceeding five years. The CBCU staff**

**send contact information about the other states to the individual where they have resided to assist the applicant. In some situations, the CBCU staff will contact the states if the applicant is unable to obtain their criminal background check or if the state requires the state to request the information. North Carolina has set up the system to assist applicants but is relying on other states to assist with this process in order to fully implement the requirement. Challenges - Despite requests for applicants to obtain information from other states, some states have indicated that their statutes and /or policies do not allow the sharing of this information. This delay has caused a hardship on the applicants that are unable to obtain this information. In addition, meeting the 45 day mandate to complete a criminal background check is not possible when other states do not respond timely. North Carolina statute does not allow provisional status for applicants; therefore, applicants are not getting results for up to 45 days and longer. This causes the applicants to look for other work and the child care program to be without needed qualified staff. Strategies - CBCU staff have contacted other states to find out contact information, required forms and their process. Regarding the closed states that do not share information, we are forced to process the applicants criminal background check based on the North Carolina criminal background check information.**

**The state is considering rule language which will allow an individual to provisionally be hired in a child care program, if the Division has not received the required abuse and neglect registry check from the state in which the person resided or has anytime resided in the last five years.**

**Although the Division feels that local school systems have diligently attempted to complete the required criminal background checks, the process was hindered greatly with the cessation of fingerprinting operations at local law enforcement agencies as a result of the COVID 19 pandemic. North Carolina has 100 counties with local law enforcement agencies completing fingerprinting of applicants. In late June and early July, these agencies started resuming fingerprinting operations, but with many restrictions to prevent the spread of the COVID-19. Of the 100 counties, there are 75 counties fingerprinting with limitations. Limitations included limited hours for fingerprinting, limited days for fingerprinting, fingerprinting by appointment only, and only fingerprinting residents of the county**

**where the local law enforcement office is located. As of September 2020, three counties are not fingerprinting at all.**

**The Division feels local school systems were making significant progress during the last waiver period with schools completing criminal background checks based on a 17% increase in applications received during the 2019-2020 FY (6,186 applications). The state also feels comfortable in assuming approximately 75% of local school system employees have had criminal background checks completed. However, with there being four months in which fingerprinting was not occurring across the state, this has necessitated the request for a waiver to ensure the remainder of those needing to be fingerprinted will have ample time to complete the process. The state seeks relief in completing fingerprint-based background checks for existing staff of NC Pre-K programs and licensed before and after school programs working in local education agencies with a preferred start date of October 1, 2020 and an end date of September 30, 2021; the allowable timeframe of the waiver.**

**In response to the 2020 Coronavirus pandemic, and as per ACF, Office of Child Care waiver approved November 24, 2020 of requirement, 45 CFR 98.43 (b)(3)(iii), the Division is allowing an additional year (October 1, 2020 through September 30, 2021) for local education agency staff, including staff of NC Pre-Kindergarten programs and licensed before and after school programs, to complete the criminal background check process.**

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

By allowing North Carolina time to implement this provision, it will allow us to develop processes to request information from the other states/territories in a timely manner.

The new CBC waiver, for the extraordinary circumstances associated with the Coronavirus pandemic, would allow additional time for employees at local education agencies to complete federal background checks that include all the required components. Limiting delays in hiring staff, allows children to have their consistent

teacher sooner.

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 North Carolina Child Care Law requires all providers to have a background check, including a fingerprint-based check of the state and federal criminal repositories using Next Generation Identification, a check of the Responsible Individual List (child abuse neglect registry), the state sex offender registry, a check of the NC Administrative Office of the Courts, and a check of the state's Child Maltreatment Registry before beginning work.

The health, safety and well-being of children served through assistance received through CCDF, COVID-19 waiver will not be compromised because local education agencies are required to complete a background check on all new employees upon hire.