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

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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. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

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

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: NC Division of Child Development and Early Education

Street Address: 333 East Six Forks Rd.

City: Raleigh

State: North Carolina

ZIP Code: 27609

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: 919-814-6302

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.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Ariel

CCDF Administrator Last Name: Ford

Title of the CCDF Administrator: Director

Phone Number: 919-814-6302

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

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

CCDF Co-Administrator First Name: Kristi

CCDF Co-Administrator Last Name: Snuggs, EdD

Title of the CCDF Co-Administrator: Deputy Director

Description of the Role of the Co-Administrator: The co-administrator jointly reviews, contributes to writing, edits, approves and submits, when needed, the CCDF Plan for the state.

Phone Number: 919-814-6304

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

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

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

counties or workforce boards (98.16(i)(3)). Check one.

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

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

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

☑ A. State or territory

Identify the entity:

NC Division of Child Development and Early Education (NC DCDEE) establishes policies for the Subsidized Child Care Assistance Program. Some policies are dependent upon the NC General Assembly.

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

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

Local Purchasing Agencies establish waiting list priorities that fit their local needs.

☑ C. 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.

The Social Services Commission of the Division of Social Services promulgates rules for the Subsidized Child Care Assistance program.

ii. Sliding-fee scale is set by the:

☑ A. State or territory

Identify the entity:

NC General Assembly

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

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

☐ C. Other.

Describe:

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

☑ A. State or territory

Identify the entity:

Payment rates are set by the NC General Assembly. Payment policies are set by NC DCDEE.

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

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

☐ C. Other.

Describe:

iv. Licensing standards and processes are set by the:

☑ A. State or territory

Identify the entity:

Procedures for licensing and monitoring child care programs are created and implemented by NC DCDEE Regulatory Services Section.

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

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

☑ C. Other.

Describe:

The NC Child Care Commission promulgates child care rules.

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

☑ A. State or territory

Identify the entity:

Procedures for licensing and monitoring child care programs are created and implemented by NC DCDEE Regulatory Services Section.

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

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

☑ C. Other.

Describe:

The NC Child Care Commission promulgates child care rules.

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

☑ A. State or territory

Identify the entity:

NC Child Care Commission and NC DCDEE

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

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

☐ C. Other.

Describe:

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

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 children receiving subsidy. Child care subsidies are paid only to three, four, and five star programs.

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

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

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

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

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

Who issues payments?

- ☑ CCDF Lead Agency

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

Who monitors licensed providers?

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

Who monitors license-exempt providers?

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

Who operates the quality improvement activities?

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

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

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

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

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

--Tasks to be performed

--Schedule for completing tasks

--Budget which itemizes categorical expenditures in accordance with CCDF requirements

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

NC 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, NC DCDEE's Center of Excellence committee reviews and evaluates proposed activities. The committee ensures that all funded proposals reflect the goals of NC DCDEE, comply with all CCDF regulations, have clear budgets, scopes of work, and 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. NC DCDEE follows a comprehensive written annual subrecipient monitoring plan to assess contractor compliance with all fiscal and programmatic requirements. Contractors submit monthly financial status reports, and these reports are reviewed by NC DCDEE contract administrators before reimbursement to review activities and approve expenditures. An annual desk review and risk assessment is performed by the lead monitoring coordinator. An internal control questionnaire is completed by the contractor to report staffing patterns, programmatic supervision, service delivery and management control systems. Once the desk review and internal control questionnaire are completed and reviewed, DCDEE's monitoring and compliance unit schedules on-site visit or desk monitoring for financial assistance contracts and any other contracts selected by the DCDEE's monitoring team. The monitoring team conducts contract programmatic and fiscal reviews per federal guidelines. The results of the monitoring are presented in a written report to contractors and includes any findings or corrective actions. Corrective actions are documented and tracked until

completion.

For child care subsidy, NC DCDEE staff conduct on-going monitoring related to 1) local administration of the eligibility processes and 2) child care provider attendance documentation and billing. Monitoring of each local purchasing agency administering the subsidized child care program is completed on a three-year cycle. A 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 local agency monitoring, the errors are corrected from the point of discovery to the point of origin. Child care providers are monitored at the rate of approximately 400 per year. When in compliance, the child care provider receives the checklist completed by the monitor. If the child care provider is out of compliance with parameters set in Subsidized Child Care Rules, a Determination of Non-Compliance is issued.

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

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

If contacted by another state to share application code or software for child care, NC DCDEE will work with the requesting state to coordinate requirements for code/software delivery.

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

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

NC 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.”

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

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

NC DCDEE staff met with the directors and staff of local Departments of Social Services during monthly 100 County Department of Social Services call meetings. NC DCDEE staff also meet with local purchasing agency staff on a monthly basis. The CCDF Plan information was presented during these meetings. Local purchasing agency staff from across the state attended virtual focus groups convened by NC DCDEE. The seven focus groups provided information and gathered input regarding the 2021-24 CCDF Plan.

The Division Director and Deputy Director presented information about the early childhood education system and about the CCDF Plan to the Forum, of the NC Association of County Commissioners. As a part of the presentation they gave participants an opportunity to provide input into the CCDF Plan.

The Division also shared information about the CCDF Plan with the Subsidy Advisory Committee. This committee has representatives on it from local government entities. They were given an opportunity to offer input on the CCDF Plan.

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

The NC Division of Child Development and Early Education (DCDEE) updates the NC Child Care Commission, another coordinating body in the state, on CCDF activities during bi-monthly meetings. The NC Child Care Commission promotes quality child care by promulgating rules which ensure the health, safety and well-being of children in child care. NC DCDEE has held two CCDF Plan listening sessions with the Commission and in these they provided input on the CCDF Plan. Child Care Commission members have also acted as facilitators for CCDF Focus Groups. The focus group feedback from these meetings was shared with the full NC Child Care Commission. The Child Care Commission could submit responses to CCDF Plan Focus Group questions in person, in an online survey or 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.

NC DCDEE sent the Eastern Band of the Cherokee Indians the draft CCDF Plan and the CCDF Focus Group survey to provide an opportunity for input. They were also invited to participate in the CCDF Public Hearing meetings. Additionally, NC DCDEE leadership and members of the Office Child Care have established monthly meetings to share information, and also to gather feedback around activities/programs in the CCDF Plan.

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

The NC CCDF Plan was sent to multiple agencies and early childhood partners for review prior to submission to the NC Department of Health and Human Services and the Office of Child Care. Many of these organizations participated in one of the seven virtual CCDF focus groups. A list of agencies consulted with on the CCDF Plan include: Subsidy Advisory Committee; 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 (DPH); Office of Early Learning (Part B) in the Department of Public Instruction; Birth to Kindergarten Higher Education Consortium (University Faculty); ACCESS (Community College Early Childhood Faculty); Head Start State Collaboration Office; North Carolina Partnership for Children; NC Child Care Health and Safety Resource Center; Early

Childhood Advocates; partners in the Preschool Development Grant; NC Homeless Education Program; NC Child Care Resource and Referral (CCR&R) Council and CCR&R System; NC Association for the Education of Young Children; NC Licensed Child Care Association; NC Early Education Coalition; NC DPH, Nutrition Branch; NC Division of Social Services; NC Center for Afterschool Programs; NC DPH, Early Education Programs and NC DPH, Immunization Branch.

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

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

a) Date of the public hearing. 05/17/2021

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a.
04/22/2021

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

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

The public hearing notification was posted on the NC DCDEE website under What's New. Public Hearing: CCDF Plan. It was also posted to the NC Secretary of State site April 21. In addition, information about the public hearing was emailed to child care providers and NC DCDEE partners such as CCR&R, Smart Start, and local purchasing

agencies. Approximately 90% of providers have email addresses registered with NC DCDEE.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. Out of consideration for the COVID-19 pandemic, the public hearing will be virtual. All geographic regions will be able to participate.

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 NC DCDEE website May 3. Updates to the Plan will be posted as changes occur.

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. In addition, all comments during the public hearing will be compiled and reviewed by NC 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)

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/Portals/0/documents/pdf/C/CCDF_plan_2019_With_Amendments.pdf?ver=qRocna9YKtc_MjZppQ_zgQ%3d%3d

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.

- [x] Working with advisory committees.

Describe:

The CCDF Plan was sent to the NC Child Care Commission for review and input. The NC Child Care Commission promotes quality child care by promulgating rules which ensure the health, safety and well-being of children in child care.

☑ Working with child care resource and referral agencies.

Describe:

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

☑ Providing translation in other languages.

Describe:

NC DCDEE will translate the CCDF Plan once it is approved into Spanish. One of the seven CCDF community focus groups hosted by NC DCDEE was facilitated entirely in Spanish for Spanish-speaking providers to provide their input.

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

Describe:

Once approved, the CCDF Plan will be posted to DHHS social media sites, including Instagram, Facebook and Twitter.

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

Describe:

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

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

☑ Other.

Describe:

The draft CCDF Plan was posted on the NC DCDEE website.

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

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

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

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

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

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

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

Goals with statewide Department of Social Service agencies include: 1. Provide 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/Parent). 2. Help families understand their child care needs and options. 3. Determine the eligibility of the family. 4. Promote the selection of child care services based on parental choice. 5. Maintain 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. Enroll providers in the child care subsidy program. 8. Make visits to child care providers receiving subsidy funds. 9. Investigate all instances of fraud.

Coordination process with DSS: The local Department of Social Services (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/processes 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 state fiscal years (SFY) or until all state and federal audits are completed. 3. Reporting all instances of fraud to DCDEE. 4. Notifying NC 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: 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/processes 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.

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 Assistance Program (SCCA). DSS may choose to delegate this responsibility to another agency through contractual agreement. The agency that administers the SCCA Program at the county level is referred to as the LPA. If the county DSS administers the SCCA 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 SCCA Program.

The Lead Agency maintains regular and consistent contact with all county DSS/LPAs through monthly meetings with these entities and regular communication through director letters. Feedback, issues, and concerns are reviewed and discussed during these monthly meetings and resolution is agreed upon and implemented.

Coordination Results: The Lead Agency maintains regular and consistent contact with all county DSS/LPAs through monthly meetings with these entities and regular communication through director letters. Feedback, issues, and concerns are reviewed and discussed during these meetings and resolution is agreed upon and implemented.

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Coordination Process: 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/processes 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.

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 Assistance Program (SCCA). DSS may choose to delegate this responsibility to another agency through contractual agreement. The agency that administers the SCCA Program at the county level is referred to as the LPA. If the county DSS administers the SCCA 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 SCCA Program.

The Lead Agency maintains regular and consistent contact with all county DSS/LPAs through monthly meetings with these entities and regular communication through director letters. Feedback, issues, and concerns are reviewed and discussed during these meetings and resolution is agreed upon and implemented.
Coordination Results: The Lead Agency maintains regular and consistent contact with all county DSS/LPAs through monthly meetings with these entities and regular communication through director letters. Feedback, issues, and concerns are reviewed and discussed during these meetings and resolution is agreed upon and implemented.

ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results:
1) Consult with the NC Child Care Commission on the CCDF Plan and update the Child Care Commission on CCDF activities at quarterly meetings. Results are provided through the feedback received from the Child Care Commission on the CCDF Plan and in quarterly meetings.

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

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:
The coordination goals with the Eastern Band of the Cherokee Indians are to 1) consult with EBCI on the CCDF Plan and 2) to have quarterly meetings to discuss coordination/implementation efforts. The process for both the consultation on the CCDF Plan and the quarterly meetings will be through telephone or virtual meetings. The results are edits to the CCDF Plan based on EBCI input and actions taken as a result of the quarterly EBCI meetings.

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

iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities

Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:

The NC Department of Health and Human Services, Division of Public Health, NC Infant Toddler Program, is a participant on the Early Childhood Action Plan Team. Though activities are temporarily on hold due to COVID-19 impacts, just before COVID-19 the Team's goals were to reduce the duplication of resources, consider how to work on initiatives across divisions, and how to support the Early Childhood Data Advisory Council whose goal is to work across the Early Childhood System to enhance data collection and data sharing.

The NC DCDEE coordinates with the NC Interagency Coordinating Council which brings policy makers, service providers and parents together to ensure supports and services are offered to families who have young children with disabilities and developmental delays. The ICC:

- advises and assists in making policy related to early intervention services,
- assists with evaluation of services,
- supports interagency agreements,
- identifies services that are right for infants, toddlers and preschoolers,
- supports and guides local ICCs.

The results of the quarterly meetings are recorded in meeting minutes which can be found on the ICC webpage.

Throughout 2020, NC DCDEE's Infant-Toddler Policy Consultant collaborated with the Division of Public Health's Early Intervention Services' Branch Head to develop a state-level leadership team to oversee the delivery of targeted trainings designed to increase the capacity of the early child care and education workforce to support young children's mental health and identify the need for early intervention services. These efforts resulted in DCDEE establishing a formal partnership with the North Carolina Infant Mental Health Association (as discussed in Section A) to establish and convene a state leadership team to provide guidance to early childhood mental health initiatives, propose strategies, and establish an infant/mental health endorsement system that will identify the competencies and knowledge needed to effectively provide mental health services to children birth to age 5 and their families. NC DCDEE is contracting with the North Carolina Infant Mental Health Association to execute these strategies, which will lay the foundation NC DCDEE needs to engage partners in coordinating professional development for: 1) early childhood educators on best practices for identifying indicators for developmental delays,

mental health risks and making referrals and 2) mental health workers on early childhood education mental health evidence-based practices and diagnostic classification. To support suitability, NC DCDEE's partnership with the North Carolina Infant Mental Health Association to establish an infant/mental health endorsement system will inform the design of web-based and CEU credit opportunities. Coaching Toward Mastery's services will focus directly on advancing the knowledge and skills of the individual early childhood educator rather than on providing generalized coaching supports geared toward classroom or program level outcomes. The identified partner will execute a planning period and five key strategies to support successful implementation and sustainability: 1) Coordinate with multiple stakeholders, including North Carolina's higher learning institutions; 2) Develop a plan for embedding professional standards and abilities into NC's professional development system, including a system for measuring mastery of core knowledge and skills; 3) Design and implement a pilot of the system designed to measure the mastery of core knowledge and skills; 4) Create and implement a system to ensure coaches are using effective coaching practices to fidelity; and 5) Develop a plan for program sustainability.

The Infant Toddler Quality Enhancement Project of the statewide NC Child Care Resource and Referral Council participates in a Peer Learning Group for inclusive care for infants and toddlers. The goal of the Peer Learning Group is to help states focus on strategies, solutions, and resources on the following topics:
•CCDF program innovations to strengthen inclusion efforts;
•Early intervention and child care collaboration initiatives;
•Partnerships with state and territory coordinators of Part C of the Individuals with Disabilities Education Act (IDEA);
•Inclusive child care at the regional, county, and local levels;
•Referral processes at the child, family, and provider levels; and
•Developmental screenings.

Process: ITQEP Management is involved in the state-level PLG, which meets monthly to discuss developmental monitoring and screening efforts and resources for infants, toddlers, and their families and caregivers. During these meetings, participants become better informed about these resources, learn from others regarding their successes and challenges in state-level inclusion efforts, and problem-solve and brainstorm strategies to bolster state's respective initiatives. Participants intend to share resources with statewide

teams of Infant Toddler Specialists, support them as they conduct ASQ screenings in centers and assist administrators with ongoing monitoring policy and linking CDC's Learn the Signs Act Early materials to enrollment. NC's ITQEP management hopes to try new strategies as they are discussed with state-level peers. The NC team plans on learning approaches to enhancing inclusive practices in child care facilities across the state, which entails collaboration with infant toddler teachers and administrators.

The result of this participation will be increased identification of developmental delays and referrals for infants and toddlers, strengthened commitment to inclusive practices with the teachers and administrators Infant Toddler Specialists support, and elevated awareness and use of CDC's, *Learn the Signs Act Early* materials such as the Milestone Tracker app and Milestone checklists with families and infant toddler teachers and program administrators.

Through the PDG, a team will be established to review and finalize a pilot implementation plan of the NC Pyramid Coaching Model Adaptation Project. This pilot will involve the implementation of the Pyramid Model in select counties to establish and refine a framework to administer, evaluate and replicate critical social emotional learning interventions for the NC Pre-K program. The results will be determined and be made available as a part of the RFA and contract process.

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

Two coordination goals NC DCDEE has with the Office of Head Start include:

1) Include NC Pre-Kindergarten programs and programs that have completed technical assistance(TA) with the statewide TA Specialist using the Self-Assessment Tool for Early Childhood Programs Serving Families Experiencing Homelessness on the Head Start Referral Application for Children Experiencing Homelessness. 2) Collaborate with Head Start in outreach to plan where each entity will create children sub-committees of Continuum of Cares to not duplicate efforts.. Process: Both goals will be achieved

through, as needed, meetings with a newly hired statewide TA Specialist, DCDEE, the state McKinney Vento Coordinator and Head Start. Results:

- NC Pre-Kindergarten programs uploaded on the Head Start Referral Application for Children Experiencing Homelessness.
- Programs completed TA using the Self-Assessment Tool for Early Childhood Programs Serving Families Experiencing Homelessness with the Statewide TA Specialist will be uploaded on the Head Start Referral Application for Children Experiencing Homelessness.
- NC DCDEE and Head Start will keep a spreadsheet on a shared drive which will document locations of Continuums of Care sub-committees to support children and locations of Head Start county collaborations which support families experiencing homelessness.

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

NC DCDEE collaborates with the NC Division of Public Health on health related policies and practices for children in child care settings. NC DCDEE staff participate in health-related task forces and advisory councils with staff from the NC Division of Public Health. Annually NC 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. NC DCDEE coordinates with the Immunization Branch to share consistent information about the reports to providers. NC DCDEE also considers ways to promote the completion of the report. The process for this coordination is typically through communications during child care consultant visits and can include communication to providers through email. Results of coordination are the numbers of child care programs completing the annual immunization report. NC 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 NC 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. NC DCDEE coordinates with the Immunization Branch to share consistent information about the reports to providers. NC DCDEE also considers ways to promote the completion of the report. The process for this coordination is typically through communications during child care consultant visits and can include communication to providers through email. Results of coordination are the numbers of child care programs completing the annual immunization report.

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

The director of the NCWorks Commission is engaged in early childhood workforce development plans. As a first step toward this coordination, the President of the Child Care Services Association, one of the three NC CCR&R Council Management Agencies met with the NC Works Commission November 2020 to update the Commission on the state of the early childhood workforce. A NC DCDEE coordination goal is to meet with the Director of the NCWorks Commission to discuss how to more successfully connect early childhood educations with NC's Workforce Development System. The results of this coordination will be the number of resources from the Workforce Development System accessed by NC early childhood professionals. The director of the NCWorks Commission is very interested in helping connect the early childhood system to supports which would develop the workforce. As a first step toward this coordination, the President of the Child Care Services Association, one of the three NC CCR&R Council Management Agencies met with the NC Works Commission November 2020 to expand this awareness. An NC DCDEE coordination goal is to meet with the Director of the NCWorks Commission to discuss ways to make resources in NC's Workforce Development System accessible to early childhood educators. Meetings will be the process to achieve this goal. The results will be the number of resources from the Workforce Development System accessed by NC early childhood professionals.

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

The NC Pre-K Program is administered by NC DCDEE. 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 (requirements related to mentoring and evaluation), operate with a four- or five- star license (includes completion of ECERS-R); meet the NC Pre-K Program Requirements and other state-level policies. The NC Pre-K Program is administered at the county or regional level by Local Education Agencies, Smart Start Agencies, or Head Start programs 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 Pre-K/K Add-on License issued by the North Carolina

Department of Public Instruction. Lead teachers participate in a coaching/mentoring program. This licensure is obtained through the Early Educator Support unit within DCDEE and in collaboration with the Department of Public Instruction. Results, such as child outcomes, are usually measured annually through the NC Pre-Kindergarten Evaluation Report. Recent years the evaluation report has been delayed due to COVID-19 impacts.

NC DCDEE also collaborates with NC DPI as co-facilitators of the Birth through Third Grade (B-3) Interagency Council. The B-3 Council was established by the General Assembly in 2017. It is a joint council between the NC Department of Health and Human Services and the NC Department of Public Instruction which has a vision and accountability for a birth through grade three system of early education.

The Council has as its charge establishing a vision and accountability for a birth through grade three system of early education that addresses all of the following:

- Standards and assessment
- Data-driven improvement and outcomes, including shared accountability measures such as the NC Pathways to Grade-Level Reading
- Teacher and administrator preparation and effectiveness
- Instruction and environment
- Transitions and continuity
- Family engagement
- Governance and funding

The B-3 Council is active and has current goals related to improving third grade reading and alignment of birth - third grade social and emotional standards. The Instruction and Environment work group proposed action for 2021 is to create a menu of options and funding supports for birth to third grade programs to provide family, student and staff mental health and community engagement resources. The process for achieving this goal is to have collaboration meetings with the group to develop the options and funding supports. The result will be a menu of options and funding supports. The goal of the Standards and Assessment work group is to align existing standards to create a comprehensive birth to eight set of standards for social emotional learning. The process to align the existing standards is to develop a list of the early childhood standards used nationally and in the state, then review, analyze and synthesize the standards to develop an alignment document with a comprehensive list of standards for social emotional learning (result). Lastly, the Transitions and Continuity work group will expand supports

started in the first year of transition work for kindergarten and first grade families and educators. The process for the transition work is for DCDEE and DPI to work together to implement a standardized transition plan for children from early education programs into kindergarten. Part of this plan is to provide all NC Pre-Kindergarten teachers access to Teaching Strategies, Creative Curriculum and GOLD formative assessment. The purpose of this free access, funded partially by CCDF, is to allow DCDEE to collect streamlined, statewide data on children's learning and development. NC Pre-K teachers will also have the ability to share this data from GOLD with kindergarten teachers which will help facilitate children's transition from pre-kindergarten to kindergarten. The result for this work is the number of expanded supports shared with families and educators.

NC DCDEE also collaborates with NC DPI on early literacy. A law passed June 2021, Excellent Public Schools Act of 2021, requiring training for NC Pre-K and elementary school teachers on research-based reading instruction methods referred to in the bill as "the science of reading". By September 15, 2022, DPI must report to the Joint Legislative Oversight Committee on the establishment of an Early Literacy Program. DCDEE will be coordinating with DPI to implement the Early Literacy Program which will include training for NC Pre-K teachers. The result will be the number of NC Pre-K teachers trained on the Early Literacy Program.

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

Since child care licensing, Regulatory Services Section, resides with the Lead Agency, Division of Child Development and Early Education, coordination goals do not apply.

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

The NC Division of Child Development and Early Education coordinates with the CACFP in the Nutrition Services Branch of the Division of Public Health to provide trainings related to the Meal Patterns, nutrition, and physical activity. CACFP representatives participate in regional meetings with agency staff to provide these trainings and updates. The public and NC DCDEE staff can access trainings on the CACFP website at the following link. The result of this coordination is the number of trainings provided on the CACFP website. Coordination occurs at the local level as child care consultants

coordinate regularly with food program representatives in their territory to share information and ensure consistent monitoring. Whether it be over the phone or at collaborate partner meetings.

NC DCDEE has representation on the Farm to Preschool Network-Systems Change workgroup, which has CACFP representation. The purpose of the NC Farm to Preschool Network is to connect, educate, develop and share resources between community and state partners, farmers, early childhood educators and families to connect child care programs and their families with local 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. The results will be the number of child care programs receiving healthy foods as a result of this project.

xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:
NC DCDEE participates in the NC Yay Babies Initiative with state McKinney Vento coordination staff to increase early intervention and early education services delivered to children birth to 5 years experiencing homelessness. Current coordination goals are to ask the McKinney-Vento state coordinator to provide feedback for the CCDF Plan on activities related to homelessness, make data recommendations to the NC Early Childhood Action Plan and collaborate to work on homeless support activities which are a part of the Preschool Development Grant. Additionally, NC DCDEE is coordinating with the McKinney-Vento state coordinator on the inclusion of NC Prekindergarten programs and programs that have completed specialized technical assistance related to supporting families experiencing homelessness on the Head Sstart referral application which will be used by homeless education liaisons to refer parents experiencing homelessness to child care programs. The process for coordination will be emails and meetings with the McKinney Vento coordination staff, and the results will be the NC Pre-Kindergarten programs and programs completing specialized TA listed on the referral application.

xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:
The CCDF Plan was sent for review to the NC Division of Social Services. The Division of Social Services coordinates services with NC 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 Plan Team holds meetings to consider strategies to expand supports for children to be successful. An identified result is related to children being developmentally on track for kindergarten as well as increasing 3rd grade reading proficiency.

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

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.

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

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. Although the meetings are on hold due to COVID-19 response priorities, it will resume meeting in the future. 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.

NC DCDEE is collaborating with the Substance Abuse and Mental Health Services Administration (SAMHSA)'s Center of Excellence for Infant and Early Childhood Mental Health Consultation (IECMHC) and multiple stakeholders across NC, in the Infant and Early Childhood Mental Health Consultation Project. 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. In 2021 the DCDEE plans to release a request for applications to seek an agency that will develop the Infant/Early Childhood Mental Health Consultation program design and conduct a program implementation pilot which will have a results component.

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

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. Though the NC CCR&R Council works with the DCDEE on multiple projects selected goals of coordination with the NC CCR&R Council are:

1) to redesign the technical assistance/professional development framework by, among other TA methods, embedding Practice-Based Coaching (PBC). The ACF, State Capacity Building Center, is guiding the process of redesigning the technical assistance system in NC as a part of the Impact Project. The process for redesigning the technical assistance system is through intensive consultation and technical assistance over a two-year period. The Infant Toddler Quality Enhancement Project (ITQEP) of CCR&R will be instrumental in the process of incorporating PBC and other re-design methodologies in technical assistance efforts. The result of this goal will be an evidenced-based and standardized method of technical assistance statewide;

2) to offer an opportunity for feedback on the DCDEE disaster response plan. DCDEE will receive feedback through email of any desired changes to the DCDEE disaster response plan. The result will be a current DCDEE disaster response plan.

3) to consider implementation of recommendations of supports for Family Child Care

Homes from the Family Child Care Project Report of August 2020. DCDEE will review the and consider the recommendations.
4) to create a team to develop a plan for a professional development registry. A team will review state professional development registries and consider components wanted in NC's registry. The result will be a plan for a NC specific professional development registry.
5) to increase compensation of the early childhood workforce. The T.E.A.C.H. Early Childhood® National Center is leading a project with seven state teams, including North Carolina, to raise awareness of early childhood workforce issues. It is called Moving the Needle on Compensation Issues. The NC state team, who also participated in an earlier stage of this project, 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:
a) NC legislature will make a financial investment in the compensation of the early childhood workforce;
b) NC will use COVID-19 relief funding to shore up the early childhood workforce; and
c) The model salary scale will be supported and promoted for early childhood teachers.

Another way (process) to help early childhood professionals achieve compensation is to assist them with increasing their education. The T.E.A.C.H. Early Childhood® NC Scholarship Program provides scholarships for early education professionals at any point in a participant's professional and educational path. In 2019-2020, the total number of scholarships awarded was 2,405. This, and other results, can be found in the T.E.A.C.H. Early Childhood® Annual Report July 1, 2019-June 30, 2020.
WAGE$ is a program administered by Child Care Services Association, NC CCR&R Council Management Agencies, to provide tiered education-based salary supplements to low-paid teachers, FCCH operators and directors. To earn a WAGE$ salary supplement, a participant must have credit-bearing coursework. The scale ranges from 12 semester hours of early childhood coursework to a doctorate degree. Results of WAGE$ program in SFY 2019-20 are 3,880 awards received by early childhood professionals with an average supplement of $993.
6) to increase access to quality child care through administering the Subsidized Child Care Assistance Program in twelve counties. Southwestern Child Development Commission, Inc. and Child Care Resources, Inc., two of the three NC CCR&R Council

Management Agencies, are also subsidy administrators. Using supply and demand data from the CCR&R system, and spending and waiting list data from the Subsidized Child Care Program, the lead agency is able to coordinate and guide the CCDF subsidy program based on county need. Working with other funding sources, gaps in service delivery can be identified so that local child care providers are offered incentives to develop services to fill the gaps. For example, in small rural counties where the county market rate will not support quality infant and toddler services, enhancement rates may be added to the basic payment rates. The result is that families in rural counties have access to more options for quality care. Results of success for this type of collaboration and coordination are evidenced by the basic statistics maintained for the subsidized child care program and the CCR&R program in each individual county. The results that we monitor are (1) number of providers in each county who participate in the subsidized child care program, (2) spending pattern of each individual county, (3) star-rating of facilities in a county by age of child and location of facility, (4) auspice of care available for families, for example Head Start with extended days, NC Pre-k, FCCHs, and small and larger facilities. The agency goal is to develop a robust array of quality facilities to promote family choice. This has been accomplished by the seamless coordination between the Subsidized Child Care Program and the local CCR&R Program, and coordinating with the other early childhood resources in the local community.
7) to continue efforts in response to the Coronavirus pandemic to survey child care providers to have current information about space availability. Every Wednesday all open providers receive a survey from Child Care Resources, Inc., one of the NC CCR&R Council Management Agencies, asking for information related to enrollment and operating status. This information is then reported to DCDEE/DHHS for operation grant eligibility and amount determinations. The result is the number of providers receiving operation grants. In June 2021, 3,152 child care centers and 1,356 FCCHs received operation grants. Most of these facilities have received multiple operation grants. DCDEE is also coordinating with multiple entities to provide shared services to child care providers. FCCHs can access the NC ECE Shared Resources website which is a platform sponsored by the NC CCR&R Council that provides reliable answers related to early care and education jobs, program administration, human resources, classroom, savings, regulations, family engagement, quality, marketing, and training.

NC DCDEE has a partnership with NC Partnership for Children and Child Care Resource and Referral and a shared service contractor with a goal to provide a comprehensive

child care management, business, and training platform to family child care providers across the state. The provider-facing platform helps expand the accessibility of care for working families by making program availability information more visible to working families and by helping local networks coordinate the provision of care in their catchment areas. The management system collects critical data about the child care programs enrolled in the pilot. This data is aggregated and shared with CCR&Rs so those agencies can identify gaps in program availability, accurately measure the number of available spots by age, and understand the financial health of North Carolina's family child care providers.

The result of this coordination process is the participation of 40 local Smart Start partners (approximately 50% of local Smart Start partners are also CCR&R agencies) and nearly 350 providers. The partners with county Smart Start affiliates and CCR&Rs to recruit, onboard, and train the providers in the respective catchment area. A shared service contractor also provides training to local networks so they are prepared to use the data dashboards available to them. Since the start of the program, providers have improved their programs and business practices in the following ways: building websites to make their programs more visible to families; shifting from paper enrollment forms to an online enrollment and waitlist process; moving from manual paper invoices for each cycle towards an automated payment option for each family; tracking monthly program expenses and revenue to improve program profitability and sustainability.
NC DCDEE also closely collaborates with the NC Child Care Health and Safety Resource Center, a program of the UNC Gillings School of Global Public Health. The goals of coordination are to provide Child Care Health Consultants and other early childhood technical assistance specialists the Train the Trainers to conduct required health and safety trainings; provide trainings and technical assistance with child care programs on strategies to prevent the spread of COVID-19; educate providers regarding COVID-19 vaccinations and distribute resources to child care facilities statewide. One process the NC Resource Center uses to achieve the goals is by supporting a network of Child Care Health Consultants who work with local health departments and provide training and technical assistance to child care providers in all areas of health and safety, including immunizations. The NC Resource Center's office at the NC Division of Public Health allows for close collaboration with the state child care nurse consultant and the NC Immunization Branch. Selected results in FFY 2019 of the NC Resource Center efforts include 38 Child Care Health Care Consultants receiving consultation/coaching

services; 17 articles on health and safety topics developed in English and Spanish; 21 Child Care Health Consultants or technical assistance specialist trained in Emergency Preparedness and Response in Child Care; 41 individuals completed the Infant/Toddler Safe Sleep and SIDS Risk Reduction in Child Care online training course; six special COVID-19 webinars for Child Care Consultants to discuss NC Guidance; four COVID-19 webinars to child care providers; and 15 webinars educating providers on the COVID-19 vaccines.

Though the NC CCR&R Council works with the DCDEE on multiple projects selected goals of coordination with the NC CCR&R Council are: 1) to redesign the technical assistance/professional development framework by, among other TA methods, embedding Practice-Based Coaching (PBC). The ACF, State Capacity Building Center, is guiding the process of redesigning the technical assistance system in NC as a part of the Impact Project. The process for redesigning the technical assistance system is through intensive consultation and technical assistance over a two-year period. The Infant Toddler Quality Enhancement Project (ITQEP) of CCR&R will be instrumental in the process of incorporating PBC and other re-design methodologies in technical assistance efforts. The result of this goal will be an evidenced-based and standardized method of technical assistance statewide;

2) to offer an opportunity for feedback on the DCDEE disaster response plan. DCDEE will receive feedback through email of any desired changes to the DCDEE disaster response plan. The result will be a current DCDEE disaster response plan.

3) to consider implementation of recommendations of supports for Family Child Care Homes from the Family Child Care Project Report of August 2020. DCDEE will review the recommendations and consider supports to provide.

4) to create a team to develop a plan for a professional development registry. A team will review state professional development registries and consider components wanted in NC's registry. The result will be a plan for a NC specific professional development registry.

5) to increase compensation of the early childhood workforce. The T.E.A.C.H. Early Childhood® National Center is leading a project with seven state teams, including North Carolina, to raise awareness of early childhood workforce issues. It is called Moving the Needle on Compensation Issues. The NC state team, who also participated in an earlier stage of this project, 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: a) NC legislature will make a financial investment in the compensation of the early childhood workforce; b) NC will use COVID-19 relief funding to shore up the early childhood workforce; and c) The model salary scale will be supported and promoted for early childhood teachers.

Another way/process to help early childhood professionals achieve compensation is to assist them with increasing their education. The T.E.A.C.H. Early Childhood® NC Scholarship Program provides scholarships for early education professionals at any point in a participant's professional and educational path. In 2019-2020, the total number of scholarships awarded was 2,405. This and other results can be found in the T.E.A.C.H. Early Childhood® Annual Report July 1, 2019-June 30, 2020.
WAGE$ is a program administered by Child Care Services Association, a NC CCR&R Council Management Agency, to provide tiered education-based salary supplements to low-paid teachers, FCCH operators and directors. To earn a WAGE$ salary supplement, a participant must have credit-bearing coursework. The scale ranges from 12 semester hours of early childhood coursework to a doctorate degree. Results of WAGE$ program in SFY 2019-20 are 3,880 awards received by early childhood professionals with an average supplement of $993.

6) to increase access to quality child care through administering the Subsidized Child Care Assistance Program in twelve counties. Southwestern Child Development Commission, Inc. and Child Care Resources, Inc., two of the three NC CCR&R Council Management Agencies, are also subsidy administrators. Using supply and demand data from the CCR&R system, and spending and waiting list data from the Subsidized Child Care Program, the lead agency is able to coordinate and guide the CCDF, subsidy program based on county need. Working with other funding sources, gaps in service delivery can be identified so that local child care providers are offered incentives to develop services to fill the gaps. For example, in small rural counties where the county market rate will not support quality infant and toddler services, enhancement rates may be added to the basic payment rates. The result is that families in rural counties have access to more options for quality care. Results of success for this type of collaboration and coordination are evidenced by the basic statistics maintained for the subsidized child care program and the CCR&R program in each individual county. The results that the agencies monitor are (1) number of providers in each county who participate in the subsidized child care program, (2) spending pattern of each individual county, (3) star-

rating of facilities in a county by age of child and location of facility, (4) auspice of care available for families, for example Head Start with extended days, NC Pre-k, FCCHs, and small and larger facilities. The agency goal is to develop a robust array of quality facilities so that when families look for child care, CCR&R can offer many options for care which will meet each family's unique need for care. This has been accomplished by the seamless coordination between the Subsidized Child Care Program and the local CCR&R Program, and coordinating with the other early childhood resources in the local community.

7) to continue efforts in response to the Coronavirus pandemic to survey child care providers to have current information about space availability. Every Wednesday all open providers receive a survey from Child Care Resources, Inc., one of the NC CCR&R Council Management Agencies, asking for information related to enrollment and operating status. This information is then reported to DCDEE/DHHS for operation grant eligibility and amount determinations. The result is the number of providers receiving operation grants. For June 2021, 3,152 child care centers and 1,356 FCCHs have received operation grants.

DCDEE is also coordinating with multiple entities to provide shared services to child care providers. FCCHs can access the NC ECE Shared Resources website which is a platform sponsored by the NC CCR&R Council that provides reliable answers related to early care and education jobs, program administration, human resources, classroom, savings, regulations, family engagement, quality, marketing, and training.

NC DCDEE has a partnership with NC Partnership for Children and Child Care Resource and Referral and a shared service contractor with a goal to provide a comprehensive child care management, business, and training platform to family child care providers across the state. The provider-facing platform helps expand the accessibility of care for working families by making program availability information more visible to working families and by helping local networks coordinate the provision of care in their catchment areas. The management system collects critical data about the child care programs enrolled in the pilot. This data is aggregated and shared with CCR&Rs so those agencies can identify gaps in program availability, accurately measure the number of available spots by age, and understand the financial health of North Carolina's family child care providers.

The result of this coordination process is the participation of 40 local Smart Start partners (approximately 50% of local Smart Start partners are also CCR&R agencies) and nearly 350 providers. The partners with county Smart Start affiliates and CCR&Rs to recruit, onboard, and train the providers in the respective catchment area. A shared service contractor also provides training to local networks so they are prepared to use the data dashboards available to them. Since the start of the program, providers have improved their programs and business practices in the following ways: building websites to make their programs more visible to families; shifting from paper enrollment forms to an online enrollment and waitlist process; moving from manual paper invoices for each cycle towards an automated payment option for each family; tracking monthly program expenses and revenue to improve program profitability and sustainability.

NC DCDEE also closely collaborates with the NC Child Care Health and Safety Resource Center, a program of the UNC Gillings School of Global Public Health. The goals of coordination are to provide Child Care Health Consultants and other early childhood technical assistance specialists the Train the Trainers to conduct required health and safety trainings; provide trainings and technical assistance with child care programs on strategies to prevent the spread of COVID-19; educate providers regarding COVID-19 vaccinations and distribute resources to child care facilities statewide. One process the NC Resource Center uses to achieve the goals is by supporting a network of Child Care Health Consultants who work with local health departments and provide training and technical assistance to child care providers in all areas of health and safety, including immunizations. The NC Resource Center's office at the NC Division of Public Health allows for close collaboration with the state child care nurse consultant and the NC Immunization Branch. Selected results in FFY 2019 of the NC Resource Center efforts include 38 Child Care Health Care Consultants receiving consultation/coaching services; 17 articles on health and safety topics developed in English and Spanish; 21 Child Care Health Consultants or technical assistance specialist trained in Emergency Preparedness and Response in Child Care; 41 individuals completed the Infant/Toddler Safe Sleep and SIDS Risk Reduction in Child Care online training course; six special COVID-19 webinars for Child Care Consultants to discuss NC Guidance; four COVID-19 webinars to child care providers; and 15 webinars educating providers on the COVID-19 vaccines.

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

The NC Child Care Resource & Referral (CCR&R) Council provides technical assistance to child care programs for all ages of children in care, including school-age. NC DCDEE's goal is to work closely with the NC CCR&R Council to identify needed school-age supports through its council services contract. As a participant on the CCR&R Council, DCDEE can follow CCR&R work with the NC Center for Afterschool Programs (NCCAP). The work includes CCR&R participation on a NCCAP board which meets quarterly for collaboration efforts. Results of this collaborative meeting are 1) NCCAP publishes a quarterly newsletter that Southwestern Child Development Commission (SWCDC; a NC CCR&R Council Management Agency) then distributes to their network. The newsletter contains information on grant opportunities, trainings, links to the National Afterschool Association (NAA) and the information contained on the NAA website and data relevant to children and families served in afterschool programs in both licensed and unlicensed programs in NC. 2) In turn, NCCAP also shares any newsletters or eblasts either in their newsletter or in a separate email. Examples of these may be Resources guides specifically geared toward licensed programs created by the NC CCRR School Age Program or other relevant eblasts sent by the NC DCDEE. 3) SWCDC publishes NC CAP newsletters on our social media sites and likewise NC CAP publishes information sent to them on their social media sites such as the NC CCRR Resources guides or eblasts from the NC DCDEE. 4) NC CAP also has an annual conference (last year and this year it is a virtual event) and a track of workshops is always geared to "administration/leadership" along with workshop tracks for teaching staff. As board members, several on the board attempt to have representation of workshop presenters embedding best practice and licensure into the workshop topic/content.

DCDEE also plans to coordinate with YMCA, Boys and Girls Clubs and NCCAP among other school-age partners to evaluate the school-age Child Care Rules to consider revisions which would allow a diverse array of organizational models and programmatic approaches. The process for this review is meetings and the result will be school-age rule recommendations for the NC Child Care Commission to consider.

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

The Division of North Carolina Emergency Management (NCEM) under the Department

of Public Safety (DPS) is the responsible agency for Emergency Management and Response per NC General Statue 166A. NCEM and NC DCDEE serve as members of the Department of Health and Human Services (DHHS), Division of Social Services (DSS), and State Emergency Response Team (SERT).

Coordination Goals with SERT which includes NCEM are:

- In a disaster, relocate children in affected child care settings, assess the ability of NC DCDEE/SERT/partner agencies to function, assess providers' needs, provide for the establishment of temporary child care, and provide continuity of child care or education programs within communities. In a disaster, relocate children in affected child care settings, assess the ability of DCDEE/SERT/partner agencies to function, assess providers' needs, provide for the establishment of temporary child care, and provide continuity of child care or education programs within communities.
- Communicate and collaborate with government, military, and nonprofit partners during and in the recovery phase of the disaster.
- Collaborate with NCEM to identify DCDEE roles and responsibilities in the State Emergency Operations Plan (SEOP). (SEOP December 2020, page 92)
- Modify DCDEE's Disaster Plan in collaboration with NCEM, SERT, and partners.
- Work in partnership with NCEM, DHHS, DSS, and SERT to create accurate situational reports.
- Participate with NCEM/SERT partners on regular basis, including meetings, trainings, and exercise scenarios to test response measures and functionality on emergency software.

Process

- DCDEE's Disaster Plan provides specific actions or planning considerations that the Division may implement in the event of a disaster or pandemic.
- DCDEE would provide SERT and NC EM an opportunity in regular meetings or email to obtain input on DCDEE's Disaster Plan.

Results

- Report on how DCDEE used the DCDEE disaster plan in any significant disaster responses.
- Report significant communications/collaborations with government, military, and nonprofit partners during and in the recovery phase of the disaster.
- Updated State Emergency Operations Plan when revisions occur.
- 2021 DCDEE Disaster Plan is updated on the DCDEE website.
- Number of meetings/Trainings completed each year.
- Situational reports for hurricanes and pandemics. For example, DCDEE has completed multiple situational reports for hurricanes and Covid-19.

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with

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

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

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

Describe

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. DCDEE is also working with Head Start programs to promote shared professional development between Head Start programs and private child care programs.

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

Describe

NC 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. In response to Senate Bill 570, a coordination goal with the community college is to create an implementation plan for the Coaching Toward Mastery project. As a part of this process competencies and the state articulation agreement will be revised. The work group will update early childhood educator competencies and develop a process to assess competencies. The revised Articulation Agreement will include a new policy called, "Credit for Prior Learning". The work group is considering ways to give students community college credit for completed CEU trainings. In addition to Coaching Toward Mastery work, the Division will coordinate with higher education to create a strategy to increase interest in the early childhood field. Considerations will be given to offer grants as incentives.

☑ iii. 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.

☑ iv. 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 Plan Team holds meetings to consider strategies to expand supports for children to be successful. Meetings are temporarily on hold due to COVID-19 response. A strategy given in the ECAP for children to grow confident, be resilient and independent in safe, stable and nurturing families, schools and communities is to promote evidence-based home visiting and parent education programs (ECAP 42). A result mentioned in the ECAP of all strategies which promote safe and nurturing relationships is decreasing percent of children ages 0-8 with two or more adverse childhood experiences.

The Preschool Development Grant funded Family Connects, a pilot of a universal home visiting program with a goal of statewide implementation, with a contract with the NC Partnership for Children. One of the goals of this program is to deliver the Family Connects model over 3 telehealth/telephonic visits to an initial 830 families beginning October 2021, for a total of 2,490 visits having been provided; and initiate the delivery of home visits to an additional 4,120 families beginning November 2021. The results of this coordination will be the number of families visited.

☑ v. 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 Plan 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.

☑ vi. 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 Plan 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. DCDEE is coordinating with Child Welfare to implement Pandemic Electronic Benefit Transfer Program (P-EBT). This program will allow kids enrolled in child care subsidy to get an allotment for food purchases for children. Multiple meetings throughout the month will be the process to track progress and move forward. The results will be the number of families participating.

☑ vii. Provider groups or associations.

Describe

NC DCDEE maintains ongoing communication and regular meetings with local and state child care provider associations. With the NC Licensed Child Care Association, DCDEE participates in monthly ongoing meetings. Coordination goals are developed in response to the needs of the members. Currently DCDEE is working with the NCLCCA to create requested webinars. The result will be webinars NCLCCA can use

with its constituents.

DCDEE participates on four workgroups of the NC Institute for Child Care Professionals.

1) The goal of the Early Childhood Workforce Compensation work group is to create a recognition system to acknowledge early care and education programs that are able to achieve some level of compensation of staff according to the Salary Scale created by the NC Compensation Collaborative. The planned recognition system, an increase in subsidy for programs implementing the salary scale through the process of the legislature, was not passed in the recent legislative session (SB 212); therefore the work group will consider alternative recognition systems in current and future work. A second goal for this workgroup is to create a tool for employers to use for recruitment related to the salary scale and pathways to career advancement. The process of distribution of this tool will be through the Child Care Resource and Referral technical assistance system. This tool will be included in workforce supports provided to programs. It will also be made available in the community college system for those who are teaching early childhood courses such as Admin 1 and 2 (EDU 261 and 262) as well as other courses as a tool to use. A third plan to coordinate to distribute the tool is through the Division incorporating it in to the pre-licensing workshops so that new operators can become aware of mechanisms to incorporate a salary scale in to their business.

2) The goal of the Professional Development workgroup is to analyze a survey which was distributed June 30, 2021 related to information gathered about the NC professional development, technical assistance and administrator endorsement workforce. The information gathered will be used to inform improvements in the professional development endorsement system. Another goal of this workgroup is to develop a survey to determine the availability and usage/need for Continuing Education Units by October 31, 2021. The survey will be distributed through the CCR&R system and the result will be a report which will identify continuing education needs in the state early childhood professional development system.

3) The Higher Education workgroup goals are to a) support and advance Early Childhood Education/BK higher education articulation in NC higher education institutions. b) Support accessible, high quality early childhood education programs in NC by collaborating with NAEYC to complete a NC addendum to include questions on their Spring 2021 Pandemic Impact on ECE Higher Education Programs Survey and

examine results for NC, and by remaining active and assisting in supporting the development and implementation of NC ECE Workforce Competencies/Standards.
4) The Advancing the Education of the Workforce work group selected coordination goals are to:
a) Review the Institute endorsements that includes data collection for the administrator, professional development and technical assistance endorsements to update and strengthen these endorsements to better support and serve the needs of the early care and education workforce.
b) Update promotion and recruitment benefits, strategies and materials for the Early Educator Certification.
DCDEE is on the steering committee and council of a Family Child Care Home Advisory Team led by the NC Early Education Coalition which will examine challenges and develop recommendations to support and expand family child care homes in the state. This Team meets quarterly and in addition offers an opportunity for others to participate in a BUILD Community of Practice related to supporting Family Child Care Home quality and financial supports for FCCHs. This work will build on a report initiated by the DCDEE and Southwestern Child Development Commission, Inc. (a NC CCR&R Council Management Agency), August 2020, Family Child Care Home Project Report.

☑ viii. Parent groups or organizations.

Describe

Through the federal Preschool Development Grant (PDG B-5), DCDEE is initiating strategies to maximize parent and family engagement in early childhood services. Early child care and education stakeholders are engaging in state- and local-level activities to support family engagement that is family-centered and equitable, with a focus on strengthening family leadership.

Family leadership opportunities will be coordinated to support families in gaining knowledge and leadership experience in order to advocate for resources to best meet their children's needs, and to guide practice improvements and policy change. Goals of this work include development of a state-level virtual family leadership conference and a state-level early childhood parent/family advisory council over the next three years. DCDEE is collaborating with parent-led organizations such as the Exceptional Children's Advocacy Center and Momsrising, and with state-level organizations

including NC Division of Public Health, NC Division of Social Services, NC Department of Public Instruction, NC Head Start Collaboration Office as well as the North Carolina Partnership for Children and the statewide Child Care Resource and Referral System.

☑ ix. Other.

Describe

NC DCDEE has engaged its partners, including the CCR&R Infant Toddler Quality Enhancement Project (ITQEP), in working to embed Practice-based Coaching (PBC) into its technical assistance/professional development framework - a key activity of NC DCDEE's CCDF funding.

A cross-sector agency group has been working over the past 18 months on the vision of Practice-Based Coaching in North Carolina and an implementation plan. In August of 2020, DCDEE launched its first trial Practice-Based Coaching Learning Collaborative (PBC-LC). The purpose of PBC-LC was to convene teams of coaches to take a deeper dive into PBC in order to provide insights to NC DCDEE and partnering agencies on embedding PBC into NC's technical assistance/professional development framework. The PBC-LC included monthly reporting of results and improvements, as well as interim conference calls with national experts. Due to the COVID-19 pandemic, NC was able to only complete part of the full learning collaborative, a 5-week deep dive into the PBC modules on the Early Childhood Learning & Knowledge Center website. North Carolina recently received the exciting news that the State Capacity Building Center will be able to continue to provide technical assistance to DCDEE around PBC. DCDEE is planning to complete the development of the PBC-LC and move into an official pilot.

Coincidentally and in alignment with the Practice-Based Coaching Learning Collaborative, NC DCDEE is preparing to release a Request for Applications (RFA) in 2021 to identify a partner to develop and implement provisions for Coaching Toward Mastery (CTM), a skills-based coaching program designed to advance the knowledge and skills of early childcare educators. It is expected that these advancements will occur in the areas of Child Development and Learning, Family-Teacher Partnerships and Community Connections Child Observation, Documentation, and Assessment, Developmentally, Culturally, and Linguistically Appropriate Teaching Practices,

Knowledge, Application, and Integration of Academic Content in the Early Childhood Curriculum and Professionalism as an Early Childhood Educator. Goals and results will be developed in the awarded contract.
NC DCDEE is coordinating with the NC Partnership for Children through a series of meetings to update the Subsidy Reporting System (SSRS) for NCPC. The result will be a new system for reporting the Dual Subsidy information.

Through an internal coordination, NC DCDEE has proposed to leverage a combination of CCDF and PDG funds to implement a feasibility and cost study for a state model for high-quality early learning programs for birth through age three, comparable to the state model for high-quality NC Pre-K.

DCDEE is represented on the Early Childhood Data Advisory Council whose goal is to work across the Early Childhood System to enhance data collection and data sharing. Results of these meetings will support the work that has been completed related to the NC Early Childhood Integrated Data System.

Optional Use of Combined Funds:

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

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

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

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

- [ ] No (If no, skip to question 1.5.2)
- [x] Yes. If yes, describe at a minimum:

a) How you define "combine"

NC 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

NC 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.

NC DCDEE combines CCDF, Smart Start and other state funds to support Child Care Health Consultation. CCDF, state, Lottery, TANF and local funding are blended to offset NC Pre-Kindergarten (NC Pre-K) administrative costs. CCDF combines with NC Pre-K to continue to provide family engagement and online supports for NC Pre-K teachers, administering the mentoring and evaluation of teachers in classrooms serving four year old children, and Rated License Assessments for NC Pre-K. CCDF, Preschool Development Grant (PDG), NC Pre-K, T.E.A.C.H., state, relief and local

funds have been combined to implement PDG quality activities in the NC Pre-K program.

Smart Start (state) and CCDF are combined to provide WAGE$ salary supplements for the early education workforce.
PDG will be combined with CCDF for several activities. A few of the most significant activities include the Infant-Toddler Feasibility and Cost Study, the NC Pyramid Coaching Model Adaptation and Healthy Social Behaviors Project, as well as, the ongoing Pre-K/Preschool to Kindergarten Transitions Project.

ARP, PDG and CCDF will be combined to pilot infant and toddler contracted slots.

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.
Combining funds for subsidized child care: The goal and outcome 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 [See 1.4.1 i.]. CCDF is used to provide wrap around care for children in both Head Start and NC Pre-K programs.

NC DCDEE uses CCDF, Smart Start and other state funds to support Child Care Health Consultation which assists child care providers to improve and sustain healthy and safe indoor and outdoor child care environments [See 1.4.1 xiv].

Within the NC Pre-K program the purpose of combining funds is to assist with covering the administrative costs and to continue to provide family engagement and online supports for NC Pre-K teachers. NC DCDEE uses CCDF to fund the NC Pre-Kindergarten program's mentoring and evaluation of teachers in classrooms serving four-year-old children [See 1.4.1 vii]. NC DCDEE combines NC Pre-K funding with CCDF for Rated License Assessments for Pre-K [See 1.4.1 vii]. CCDF, Preschool Development Grant (PDG), NC Pre-K, T.E.A.C.H., state, relief and local funds have

been combined to implement PDG quality activities in the NC Pre-K program, such as the NC Pyramid Coaching Model Adaptation project which has a goal to implement a pilot of the Pyramid Model in select counties to establish and refine a framework to administer, evaluate and replicate critical social emotional learning interventions for the NC Pre-K program. The ultimate goal is to build teacher capacity to manage challenging behaviors and maintain all children's placement in the NC Pre-K program. For at risk populations, CCDF is combined with PDG to provide online instructional services to the parents and family engagement activities to help reduce learning loss due to closures and retention of families in the NC Pre-K program.

The purpose for combining funds for T.E.A.C.H. Scholarships for the early education workforce is to increase the number and amount of scholarships which can be awarded to early childhood professionals who perform specialized functions in the early childhood system.
NC DCDEE uses CCDF to fund CCR&R services and works with Smart Start funded CCR&R services to leverage more services [See 1.4.1 xiv]. NC DCDEE uses CCDF to provide administrative funds for salary supplements from the Child Care WAGE$® Program that are funded through Smart Start partnerships. [See 1.4.1 xiv]
Responding to recommendations from the Joint Legislative Oversight Committee on Health and Human Services and the Leandro Consent Order to increase high-quality early learning opportunities for at-risk children, NC DCDEE has proposed to leverage a combination of CCDF and PDG funds to implement a feasibility and cost study for a state model for high-quality early learning programs for birth through age three, comparable to the state model for high-quality NC Pre-K [See 1.4.1ix]. This process will support the development of actionable implementation plans and recommendations for a companion program to NC Pre-K, designed to provide a high-quality comprehensive child development and family support program to assist low-income and at-risk children birth through age three achieve measurable short, mid, and long -term positive child outcomes. The program model will be designed to prioritize infants and toddlers most at risk for negative impacts of social determinants of health, Adverse Childhood Experiences, and for lower school readiness outcomes. The model will also address systemic barriers to accessing culturally responsive early care and education by developing equitable eligibility requirements, site qualifications and requirements, classroom environment and program requirements, teacher qualifications and compensation, and program evaluation and monitoring protocols.

The purpose and outcomes of the Pre-K/Preschool to Kindergarten Transitions Project is to standardize a process to transition children from preschool into Kindergarten. Some expected outcomes are to provide supports for communication between NC Pre-K and Kindergarten teachers, provide a way for parents to share information about children to Kindergarten teachers, training on the transition model and coaching for teachers to use the transition data they receive; and provide a way to transfer data from Pre-K to Kindergarten.

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

Funds are mostly combined at the State level. However, local funds are combined with NC Pre-K, state, Lottery, TANF and CCDF funds to administer NC Pre-K.

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

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

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

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

  i. If checked, identify the source of funds:

  State Appropriations

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

  i. If checked, are those funds:

☐ A. Donated directly to the State?

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

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

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

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

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

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

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

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

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

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

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

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

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

1.6 Public-Private Partnerships

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

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

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 statewide 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). One of the purposes of the CCDBG is to promote parent choice in child care. During the pandemic NC CCR&R maintained a hotline and database collected through a provider survey which gave parents real time information about the locations of open child care programs and the number of available spaces.

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.

During the pandemic response DCDEE worked with the NC Child Care Health and Safety Resource Center to increase the number of Child Care Health Consultants in the state so that there is now one in every county. The increase in the number of Child Care Health Consultants will continue post-pandemic since they improve the overall quality of child care services, another purpose of CCDBG Act. The NC Child Care Health and Safety Resource Center also provided several resources and trainings to providers in response to the COVID-19 pandemic. A few of these resources included webinars related to the prevention of the spread of the COVID-19 in child care facilities, vaccine training and the coordination of technical assistance through Child Care Health Consultants throughout the pandemic.

Local Farm to early childhood education Collaborative Professional Development hubs have formed in order to network centers to provide fresher, healthier food for meals and snacks (Randolph, Durham, Orange Counties), connecting ECE programs with Cooperative Extension, farmers, and restaurants locally.

Lastly, NC 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.

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

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

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

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.

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

Agency).

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

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

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

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

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

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

- [ ] No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.
- [x] Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

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

Management of CCR&R services is provided through a collaboration of three NC CCR&R Council Management 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.

1.8 Disaster Preparedness and Response Plan

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

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

☐ No

☑ Yes

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

Disaster Response Function (Action):

- Added to the NC DCDEE Active Event checklist that DCDEE will evaluate the

need for ACF waivers to the CCDF Plan which would allow certain child care rules to be temporarily relaxed, and consideration of allowable uses of CCDF Funds. This is also referenced in the Disaster Response Functions. (Disaster Plan Appendix 2)

- Added to the list of identified actions DCDEE might carry out before, during or post disaster, that DCDEE would facilitate the assessment of the operational needs of child care in order to inform the Department's pandemic response. (Disaster Plan Section II C)
- "Pandemic" is added in appropriate sections throughout the DCDEE Disaster Plan . For example, on page 4 in Section C of Section II. Plan Summary, DCDEE added pandemic to the bullet which says the Division will distribute alerts to DCDEE staff about potential disasters and *pandemic* responses/guidance.

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

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

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

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

https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/D/DCDEE_Disaster_Plan_March_2021.pdf?ver=Hv18Amo5YZWS3wiL8ALBLw%3d%3d&timestamp=1619191360075

2 Promote Family Engagement through Outreach and Consumer Education

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

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

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

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

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

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

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

- [x] a. Application in other languages (application document, brochures, provider notices)
- [x] b. Informational materials in non-English languages
- [x] c. Website in non-English languages
- [ ] d. Lead Agency accepts applications at local community-based locations
- [x] e. Bilingual caseworkers or translators available
- [x] f. Bilingual outreach workers
- [x] g. Partnerships with community-based organizations
- [x] h. Collaboration with Head Start, Early Head Start, and Migrant Head Start

- [x] i. Home visiting programs
- [x] j. Other.

Describe:

The NC 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.

The NC Child Care Health and Safety Resource Center provides a quarterly Health and Safety Newsletter in English and Spanish and written below an 8th grade reading level, that includes information for child care providers to share with families about health and safe for children ages 0-5.

As a part of the Preschool Development Grant, the NC DCDEE is Partnering with the Early Intervention Branch of the Division of Public Health to expand access to early intervention services offered via teletherapy, to include interpreter services, to ensure access to services for non-English-speaking children/families in North Carolina. (PDG Activity)

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

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

- [x] h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- [x] i. Other.

Describe:

Provide a Developmental Day license designation for programs meeting additional standards in the NC Child Care Rules. As a part of the Preschool Development Grant, DCDEE is an active member of the Pyramid State Leadership team. This cross-sector team works to ensure that the NC birth to eight system promotes social emotional well-being for families with young children, beginning at birth, particularly those with or at risk for disabilities, and to assure children and families have access to anti-biased, inclusive, and natural learning environments, to include intentionally address systemic inequities in early childhood intervention and education.

Child Care Health Consultants work with early educators who provide care to children with special health care and medication needs and coordinate with families to create an inclusive environment for both the children, early educators, and their families.

In an effort to assess the policies and programs being provided for young children with disabilities being served in child care programs, DCDEE has invited a diverse group of stakeholders, to include child care health consultants, technical assistance specialists, early intervention CDSAs, and developmental day child care directors to join in the Inclusion of Infants and Toddlers with Disabilities Peer Learning Group Hosted by the State Capacity Building Center. After completion of the peer learning group, the team will use the information gained to assess NC's current policies and programs. A list of recommendations will be submitted to DCDEE leadership to develop an action plan.

2.2 Parental Complaint Process

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

information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

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

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 919-814-6300 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 at https://ncchildcare.ncdhhs.gov/Parent/File-a-Child-Care-Program-Complaint.

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

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 Child Care 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 the consultant is unable to confirm that the incident did occur, then the report is unsubstantiated. 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; A referral can be made to a program partner such as a Child Care Health Consultant who will conduct a nutrition focused observational assessment of the classroom and develop a quality improvement plan to work with the facility to improve practices; 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 post the administrative action, cover letter, and corrective action plan, if applicable, received from the Division in a location visible to parents and visitors near the entrance of the child care facility during the pendency of an appeal and throughout the effective time period of an administrative action. Following the issuance of an administrative action, other than a written reprimand, the Division shall monitor the child care facility for compliance with child care requirements.

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. The investigations consultant collaborates with medical personnel, law enforcement, the state bureau of investigation, and the local departments of social services, if applicable.

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; however, all pending investigations are confidential. 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; and/or The Division can take administrative action against the program.

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 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.
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. Licensed and license exempt programs are investigated for allegations of violations of child care requirements and child maltreatment, and monitored in the same manner.

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

All 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; however, some information from the investigation file can be shared when requested. In addition, information about facilities is available to the public, specific to each child care facility on the consumer website(once enter a county, click on any facility, then click on tabs at the top) and includes information in Spanish. Visit types, which includes announced and unannounced visits, along with the violations cited, display on the consumer website. Pending child maltreatment investigations

do not display on the consumer website. At the conclusion of a child maltreatment investigation, all visits will display, along with all violations of child care requirements cited during the course of the investigation. 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. There are no differences in these processes related to licensed and license-exempt providers.

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

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; however, some information from the investigation file can be shared when requested. The general public could request, via e-mail or telephone, information from the files or visit the Raleigh headquarters to review the entire file. In addition, information about facilities is available to the public, specific to each child care facility on the consumer website(once enter a county, click on any facility, then use tabs at top of page for facility information) and includes information in Spanish. Visit types, which includes announced and unannounced visits, along with the violations cited, display on the consumer website. Pending child maltreatment investigations do not display on the consumer website. At the conclusion of a child maltreatment investigation, all visits will display, along with all violations of child care requirements cited during the course of the investigation. 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. There are no differences in these processes related to licensed and license-exempt providers.

2.2.5 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

2.3 Consumer Education Website

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

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

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

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

The Division's 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 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, the criminal background check portal, and training 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

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 lead agency's website includes the Google Translate feature that allows families and customers that speak languages other than English to select a language to translate information found on the website. The Search for a Child Care Facility 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. Many Provider Documents and Forms and a consumer education brochure can also be viewed and printed in Spanish. 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.

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

DCDEE website was developed within the requirements of Section 508 of the Rehabilitation Act of 1973 to ensure accessibility for persons with disabilities. Accessibility tools and assistive technology resources are available to assist people who are Deaf, Hard of Hearing or Deaf Blind. There is a Choosing Quality Child Care American Sign Language Video for parents.

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

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

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

Child Care License Requirements Overview: https://ncchildcare.ncdhhs.gov/Services/Licensing/Child-Care-License-Overview, Regulated Child Care in NC: https://ncchildcare.ncdhhs.gov/Home/DCDEE-Sections/Regulatory-Services and Getting A License: https://ncchildcare.ncdhhs.gov/Services/Licensing/Getting-a-License

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

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

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

DHHS Criminal Background Checks: https://ncchildcare.ncdhhs.gov/Home/DCDEE-Sections/Criminal-Background-Check-Unit/Basic-Information,
Child Care Criminal Background Check: https://ncchildcarecbc.nc.gov/, and
Criminal Background Check Review Policy: https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CBC_Review_Policy_7-2019.pdf?ver=2019-07-01-075034-620

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

DHHS Criminal Background Checks: https://ncchildcare.ncdhhs.gov/Home/DCDEE-Sections/Criminal-Background-Check-Unit/Basic-Information Criminal Background Check Review Policy: https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CBC_Review_Policy_7-2019.pdf?ver=2019-07-01-075034-620

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

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

a. Provide the website link to the list of child care providers searchable by ZIP code: 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] i. License-exempt center-based CCDF providers
- [x] ii. License-exempt family child care (FCC) CCDF providers
- [x] iii. License-exempt non-CCDF providers
- [ ] iv. Relative CCDF child care providers
- [ ] v. 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.

All Licensed Providers

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

License-Exempt CCDF Center-based Providers

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

License-Exempt CCDF Family Child Care Home Providers

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

License-Exempt Non-CCDF Providers

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

Relative CCDF Providers

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

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

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

d. Other information included for:

- [x] i. All Licensed providers.

Describe

Additional information provided includes the type of permit or license with effective date, any permit or license restrictions, sanitation inspection date and classification, any administrative actions issued over the last three years, and special facility features such as provides transportation, provides Developmental Day Services, is accredited,

and participates in the NC Pre-K Program.

☑ ii. License-exempt CCDF center-based providers.

Describe

Additional information provided includes the type of permit with effective date, any permit restrictions, sanitation inspection date and classification, any administrative actions issued over the last three years, and special facility features such as provides transportation, provides Developmental Day Services, is accredited, and participates in the NC Pre-K Program.

☑ iii. License-exempt CCDF family child care providers.

Describe

Additional information provided includes the type of permit with effective date, any permit restrictions, sanitation inspection date and classification, any administrative actions issued over the last three years, and special facility features such as provides transportation, provides Developmental Day Services, is accredited, and participates in the NC Pre-K Program.

☑ iv. License-exempt, non-CCDF providers.

Describe

Additional information provided includes the type of permit with effective date, any permit restrictions, sanitation inspection date and classification, any administrative actions issued over the last three years, and special facility features such as provides transportation, provides Developmental Day Services, is accredited, and participates in the NC Pre-K Program.

☐ v. Relative CCDF providers.

Describe

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

provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

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

- [x] i. Quality rating and improvement system
- [ ] ii. National accreditation
- [x] iii. Enhanced licensing system
- [x] iv. Meeting Head Start/Early Head Start Program Performance Standards
- [x] v. Meeting Prekindergarten quality requirements
- [ ] vi. School-age standards, where applicable
- [x] vii. Other.

Describe

Requirements met for Certified Developmental Day services and if transportation services are provided.

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

- [x] i. Licensed CCDF providers.

Describe the quality information:

In the star-rated license, the total points achieved for each component of the star rating: program standards, staff education, and quality point. The total points achieved is out of fifteen.

- [x] ii. Licensed non-CCDF providers.

Describe the quality information:

In the star-rated license, the total points achieved for each component of the star rating: program standards, staff education, and quality point. The total points achieved is out of fifteen.

- [ ] iii. License-exempt center-based CCDF providers.

Describe the quality information:

☐ iv. License-exempt FCC CCDF providers.

Describe the quality information:

☐ v. License-exempt non-CCDF providers.

Describe the quality information:

☑ vi. Relative child care providers.

Describe the quality information:

Relative providers are licensed providers in NC; therefore, these are included in i.

☐ vii. Other.

Describe

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

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

Certify by responding to the questions below:

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

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

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

The monitoring reports include areas of non-compliance and some areas of compliance. During monitoring visits, there are specific sections of the child care requirements that are required to be monitored based on the visit type. Additional documents are posted on the lead agency's website that outlines the sections and items monitored during visits.

Child care center documents include: Monitoring requirements for child care centers - https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/M/Monitoring_RequirementsforCenter.pdf?ver=2017-05-16-105805-143 and Child Care Center Item Number Listing - https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/I/ITEM_NUMBER_LISTING_CENTER_JUNE_2020.pdf?ver=2020-09-11-104504-923.

Family child care home documents include: Monitoring requirements for Family child care homes - https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/M/Monitoring_RequirementsforFcch.pdf?ver=2017-05-16-105805-443 and Family Child Care Home Item Number Listing - https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/I/ITEM_NUMBER_LISTING_FCCH_JUNE_2020.pdf?ver=2020-09-11-104512-563.

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

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

  Describe how these health and safety violations are prominently displayed:

  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 consultant within two weeks stating how each violation has been corrected and a plan to maintain compliance. A facility will be referred to a Child Care Health Consultant if the issue is related to health and safety to provide guidance in developing, implementing, and maintaining behavioral or environmental improvements. A 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.

- ☑ A minimum of 3 years of results, where available.

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

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

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

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

After the annual monitoring visit or a licensing complaint visit, the visits are reviewed by consultants for accuracy and posted on the Division website typically within 48

hours of the visit in accordance with agency procedures. Pending child maltreatment investigations do not display on the consumer website. At the conclusion of a child maltreatment investigation, all visits will display, along with all violations of child care requirements cited during the course of the investigation. Data reports are run periodically to ensure visits are completed in a timely manner.

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

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

Plain language is a clear straight forward 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.

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

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.

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

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. The operator will receive written notice if the information is inaccurate and is revised.

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

-- filing the appeal

-- conducting the investigation

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

If a child care provider disagrees with a violation cited during a visit, they may file a grievance through the lead agency and request a review of the concerns. The child care provider should submit a written request to Division management noting the visit date, item number of the violation cited (including rule reference and customized observations) and a statement outlining the reasons they feel the violation was cited in error. Division management will review the request, all visit documentation, and discuss the findings with the child care consultant. If it is determined the violation was cited in error, a violation correction form will be completed, and the violation will be removed from the website. Regardless of the outcome of the grievance, Division management must contact the child care provider with a response within two (2) weeks of receiving the written grievance. While waiting for a response, it is the responsibility of the child care provider to ensure they are in compliance with the violation in question and all applicable licensing requirements. All violations should be corrected immediately.

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

All active child care 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 visit documentation for active child care facilities are maintained at the agency for the entire time the program is in operation and for three years after a child care facility license is terminated. Copies of written files are available to the public upon request.

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

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

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

a. Certify by providing:

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

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.

ii. 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.

iii. 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.

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

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

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

https://ncchildcare.ncdhhs.gov/Parent/File-a-Child-Care-Program-Complaint

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

The consumer education websites references CCR&R services and contact information in several places. When a consumer clicks the Parent tab, the website takes them to a page titled, "Information for Parents". Then on that page a parent clicks "Choosing Quality Child Care" which leads them to a page titled, "Making the Right Decision". Information about the services the Child Care Resource and Referral provides is on this page including:

- 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.

Contact information for Child Care Resource and Referral is found at the same place and

under the Provider/Provider Resources/Child Care Contacts Lookup or Child Care in North Carolina Resources tabs. If a consumer clicks on the parent tab, then clicks, “Additional Resources”, CCR&R is an agency discussed as a resource for families under a heading labeled, “Child Care Resource and Referral". The following information on CCR&R agencies is provided: Child Care Resource & Referral (CCR&R) refers to an interrelated set of services to families, child care providers, employers, and communities that:

- facilitate access to early care and education and school-age child care options for families;
- improve the quality of those child care options; and
- provide objective information for planning and policy development to the public and private sectors.

The consumer education website also includes brochures with contact information about CCR&Rs and information about CCR&R services. These brochures can be found at the following links:

https://ncchildcare.ncdhhs.gov/Parent/Additional-Resources

Provider/Provider Resources/Child Care in NC Resources

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

The 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.

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/

2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

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

NC 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/FinancialAssistance.

Information about NC Pre-K, NC's Prekindergarten Program, is on DCDEE's website at https://ncchildcare.ncdhhs.gov/Home/DCDEE-Sections/North-Carolina-PreKindergarten-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 Assistance 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 consumer education brochure titled, " Resources for families with young children in North Carolina". Another 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 are 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.

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

☑ Temporary Assistance for Needy Families program:

Temporary Assistance for Needy Families program: Information about eligibility and how to apply for TANF services is provided both on the DCDEE website, during application for the SCCA Program at local DSS/LPA offices, through Child Care Resource and Referral agencies, and by telephone and email with the general public by consultants at DCDEE. These services among other resources are marketed in a consumer education brochure titled, " Resources for families with young children in North Carolina".

☑ Head Start and Early Head Start programs:

Information about eligibility and how to apply for Head Start and Early Head Start programs is provided both on the DCDEE website, during application for the SCCA Program at local DSS/LPA offices, through Child Care Resource and Referral agencies, and by telephone and email with the general public by consultants at DCDEE. These services among other resources are marketed in a consumer education brochure titled, " Resources for families with young children in North Carolina".

☑ Low Income Home Energy Assistance Program (LIHEAP):

Information about eligibility and how to apply for LIHEAP services is provided both on the NC DCDEE website, during application for the SCCA Program at local DSS/LPA offices, through Child Care Resource and Referral agencies, and by telephone and

email with the general public by consultants at DCDEE. These services among other resources are marketed in a consumer education brochure titled, " Resources for families with young children in North Carolina". In 2019, NCDHHS Office of the Secretary made a concerted effort to outreach to the public, including child care providers, to ensure use of LIHEAP supports.

☑ Supplemental Nutrition Assistance Programs (SNAP) Program:

Information about eligibility and how to apply for SNAP services is provided both on the DCDEE website, during application for the SCCA Program at local DSS/LPA offices, through Child Care Resource and Referral agencies, and by telephone and email with the general public by consultants at DCDEE. These services among other resources are marketed in a consumer education brochure titled, " Resources for families with young children in North Carolina".

Information about Farm to Preschool is shared 1) through NC Cooperative Extension and the SNAP Ed program to child care programs and parents. 2) Farm to CACFP - Learning Burst webinar series about how to source local with CACFP. (Local food CACFP webinar recorded here https://cefs.ncsu.edu/food-system-initiatives/nc-farm-to-early-care-and-education/resources/#f2ece-purchasing); 3) Center for Environment Farming Systems Farm to ECE Initiative Website https://cefs.ncsu.edu/food-system-initiatives/nc-farm-to-early-care-and-education/ and 4) Farm to Preschool Network https://growing-minds.org/nc-farm-to-preschool-network/

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

Information about eligibility and how to apply for WIC services is provided both on the DCDEE website, during application for the SCCA Program at local DSS/LPA offices, through Child Care Resource and Referral agencies, and by telephone and email with the general public by consultants at DCDEE. These services among other resources are marketed in a consumer education brochure titled, " Resources for families with young children in North Carolina".

☑ Child and Adult Care Food Program(CACFP):

Information about eligibility and how to apply for CACPF services is provided both on the DCDEE website, through Child Care Resource and Referral agencies, and by

telephone and email with the general public by consultants at DCDEE.

☑ Medicaid and Children's Health Insurance Program (CHIP):
Information about eligibility and how to apply for Medicaid and CHIP services is provided both on the DCDEE website, during application for the SCCA Program at local DSS/LPA offices, through Child Care Resource and Referral agencies, and by telephone and email with the general public by consultants at DCDEE. These services among other resources are marketed in a consumer education brochure titled, " Resources for families with young children in North Carolina".

☑ Programs carried out under IDEA Part B, Section 619 and Part C:
Information about eligibility and how to apply for programs under IDEA Part B is provided both on the DCDEE website, during application for the SCCA Program at local DSS/LPA offices, through Child Care Resource and Referral Agencies, and by telephone and email with the general public by consultants at DCDEE. These services among other resources are marketed in a consumer education brochure titled, " Resources for families with young children in North Carolina".

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

-- what information is provided

-- how the information is provided

-- how the information is tailored to a variety of audiences, including:

- parents

- providers

- the general public

-- any partners in providing this information

Description:

For families to 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 90% 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 disseminates 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. Downloadable 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/, at Smart Move More, https://www.eatsmartmovemorenc.com/Data/Data.html, including information about the Integrating Healthy Opportunities 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.

DCDEE, in collaboration with program partners, also supports a statewide network of Child Care Health Consultants (CCHC). CCHCs provide health and safety information through training and technical assistance with providers to address physical health and development, healthy eating and physical activity, as well as all of the CCHC national competencies. https://eclkc.ohs.acf.hhs.gov/publication/child-care-health-consultant-competencies

DCDEE recently posted a publication titled, "North Carolina Early Childhood Family Engagement and Leadership Framework" on the What's New tab of the website. Other significant resources and studies are shared through a DCDEE email listserv which can be registered for under the Contact tab of the DCDEE website.

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

- what information is provided,

- how the information is provided, and

- how information is tailored to a variety of audiences, and

- include any partners in providing this information.

Description:

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 Quality Enhancement Project offers social emotional technical assistance 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 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 site: E-News https://healthychildcare.unc.edu/resources/nc-child-care-health-and-safety-e-news/
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.

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

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 Quality 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., one of the three NC CCR&R Council Management Agencies, 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 fidelity coaches and 32 regional behavior specialists who provide training (both contact hour and CEU) and intensive on-site and virtual technical assistance to child care programs. 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 is available statewide through the behavior specialists or in an asynchronous format through the Division’s online learning platform. A toolkit training to assist administrators to better address the issue of suspension and expulsion within their own facility is available through the HSB education specialist. Training, consultation, and 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.

2.5 Procedures for Providing Information on Developmental Screenings

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

2.5.1 Certify by describing:

a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).
The Lead Agency shares information about developmental screenings through local purchasing agency staff through a subsidy provider agreement which states that all providers agree to distribute information about developmental milestones, monitoring, and screening to parents receiving subsidized child care.

The DCDEE website also has information about developmental screenings. The Infant

Toddler Quality Enhancement Project conducts a training opportunity annually for technical assistance practitioners on developmental monitoring and screening. Completion of this training opportunity enables the technical assistance practitioners to provide training and technical assistance to the child care workforce so they can embed monitoring and screening in their daily practices.

The Infant Toddler Quality Enhancement Project and Babies First NC PDG Activity utilizes the Ages and Stages Questionnaire (ASQ) and Ages and/or Stages Questionnaire-Social-Emotional (ASQ-SE) with children enrolled in the participating classrooms to track data and measure quality improvement. In addition, both of these programs support child care center use of developmental monitoring using the Center for Disease Control's *Learn the Signs, Act Early Developmental Checklists* .

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.
The Lead Agency provides information about developmental screenings and resources for developmental screenings to all LPAs with instructions to share this information with families at the time of initial eligibility determination and redetermination.

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. This information is provided to CCDF families at the time of initial eligibility determination and redetermination.

CCR&R agencies serve as additional sources of information on developmental screenings. The Infant Toddler Quality Enhancement Project technical assistance specialists share information about developmental monitoring and screening with child care centers during technical assistance visits.

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. The Infant Toddler Quality Enhancement Project conducts a training opportunity annually for technical assistance practitioners on developmental monitoring and screening. Completion of this training opportunity enables the technical assistance practitioners to provide training and technical assistance to the child care workforce so they can embed monitoring and screening in their daily practices.

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 (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

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

The public has access to the NC DCDEE website, which contains the required consumer information.

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

- ☑ Health and safety requirements met by the provider
- ☑ Licensing or regulatory requirements met by the provider
- ☑ Date the provider was last inspected
- ☑ Any history of violations of these requirements
- ☑ Any voluntary quality standards met by the provider
- ☑ How CCDF subsidies are designed to promote equal access
- ☑ How to submit a complaint through the hotline
- ☑ How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

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

Facility Search Site Consumers must at least enter a city, zip code or county before they get a list of programs to search for more information. The consumer statement appears on the facilities' 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, and DCDEE visits (how the program meets health and safety standards) and actions taken.

Information about subsidy https://ncchildcare.ncdhhs.gov/Services/Financial-Assistance
How to submit a complaint https://ncchildcare.ncdhhs.gov/Parent/File-a-Child-Care-Program-Complaint
Contact information for Child Care Resource and Referral
https://ncchildcare.ncdhhs.gov/County/County-Contacts-Lookup

3. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

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

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

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

3.1 Eligible Children and Families

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed $1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4))); 98.20(a)).

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from 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?

i. "residing with":

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

ii. "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: Reason for care

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

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

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.

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

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

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.

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

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

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

- [x] Yes
- [ ] No,

If no, describe the additional work requirements.

3.1.2 Eligibility criteria: Reason for care

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

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

i. 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, and/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.

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 (98.20 (a)(3)(ii)(A))?

- [ ] No
- [x] Yes

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

- [ ] No
- [x] Yes

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

- [x] No
- [ ] Yes

3.1.3 Eligibility criteria: Family Income Limits

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

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

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 (i) and (ii) based on maximum eligibility at initial entry

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

	(i)	(ii)	(iii)	(iv)
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 (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	3499	2974	1428/2147*	41%/62%*
2	4575	3889	1931/2903*	42%/63%*
3	5652	4804	2434/4417*	43%/65%*
4	6728	5719	2937/4417*	44%/66%*
5	7805	6634	3440/5173*	44%/66%*

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)).

Income eligibility limits are statewide.

d. SMI source and year. LIHEAP IM 2019-02 State Median Income Estimates FY 2019

Reminder: Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss.

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

Income eligibility limits in the chart are statewide.

f. What is the effective date for these eligibility limits reported in 3.1.3 b? 07/01/19

g. Provide the citation or link, if available, for the income eligibility limits. SCCA DCDL 2019 - #03 with attachment; https://policies.ncdhhs.gov/divisional/child-development/child-care-subsidy-services/administrative-letters/dcdl_2019-03_income_limits.pdf and https://policies.ncdhhs.gov/divisional/child-development/child-care-subsidy-services/administrative-letters/2019_smi-fpl_chart_attachment.pdf

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

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

Families are asked to declare if they have assets in excess of $1,000,000 at the time of initial application and redetermination.

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 rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

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.

b. eligibility redetermination.

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.

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

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

Describe:

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 Fluctuation in earnings.

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

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

- [ ] Request earning statements that are most representative of the family's monthly income.
- [ ] Deduct temporary or irregular increases in wages from the family's standard income level.
- [x] 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.

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

- [x] Applicant identity.
  - [x] Required at Initial Determination
  - [x] Required at Redetermination

Describe:

Self-reported by applicant and recorded in the case record.

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

Describe:

Applicant statement is accepted and recorded in the case record.

- [x] Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

- [x] Required at Initial Determination
- [ ] Required at Redetermination

Describe:

Applicant statement is accepted and recorded in the case record.

- [x] Work.

- [x] Required at Initial Determination
- [x] Required at Redetermination

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.

- [x] Job training or educational program.

- [x] Required at Initial Determination
- [x] Required at Redetermination

Describe:

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

- [x] Family income.

- [x] Required at Initial Determination
- [x] Required at Redetermination

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 can have income verified through the system.

- [x] Household composition.
- [x] Required at Initial Determination
- [x] Required at Redetermination

Describe:

The applicant's statement of family size is acceptable and documented in the case record.

- [x] Applicant residence.
- [x] Required at Initial Determination
- [x] Required at Redetermination

Describe:

The applicant's statement of county of residence is acceptable and documented in the case record.

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

Describe:

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

- [x] Time limit for making eligibility determinations

Describe length of time:

30 calendar days

- [ ] Track and monitor the eligibility determination process
- [x] Other.

Describe:

The PDG B-5 Program Performance Evaluation Plan identified a fifth goal of the North Carolina PDG B-5 Strategic Plan, "Strengthening North Carolina's mixed delivery system." This process identified a need to improve strategies to improve coordination,

collaboration, alignment, and efficiencies among early childhood education service providers. While COVID-19 disrupted expansion of the Universal Enrollment Process piloted during the 2018 PDG B-5 Planning Grant, DCDEE successfully maintained ongoing contact with 10 agencies participating in the initial pilot to support communities as they work to connect families to critical early care and education services. Five of the pilot counties (Buncombe, Burke, Cabarrus, Lincoln, and Mecklenburg) were successful in sustaining progress from the 2019 pilot - proceeding with enrollment in programs as much as possible given COVID-19 restrictions. Considering the impact of COVID-19 on North Carolina's ECE and K-12 education systems - and the importance of a family's ability to seek and secure early care and education services in supporting their child's preparation and successful transition to Kindergarten - DCDEE determined it was most appropriate to merge the PDG B-5 Activities 5.5. "Universal Application and Enrollment Processes" with Activity 4.2 "Transition to Kindergarten." With the 2020-2021 school year now underway, DCDEE determined it will be most feasible to restructure this activity to provide ongoing technical assistance and mentoring to support local communities as they develop a common application and enrollment process for early childhood education programs serving four-year old children. Considering a child's transition across a myriad of North Carolina programs (i.e. early intervention services to preschool or preschool to kindergarten), providing a simple and single application process will not only help families enroll in early care and education services, but identify services to effectively meet the developmental needs of their child. DCDEE is currently participating in the Coordinated Enrollment and Eligibility Co-lab work group facilitated by the PDG B-5 TA Center. Through this learning collaborative, DCDEE will have an opportunity to work with and gain information from other PDG B-5 grantees across the country to inform planning and implementation of coordinated enrollment activities. This peer to peer learning on best practices for developing collaborations, reviewing and aligning eligibility documentation, building coordinated data systems, addressing funding barriers, and creating effective communication plans will be valuable in informing forthcoming technical assistance and mentoring efforts.

☐ None

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

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

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

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

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

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

a. Identify the TANF agency that established these criteria or definitions: NC Division of Social Services (the Eastern Band of Cherokee Indians operate their own TANF program with separate criteria).

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

i. "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.

ii. "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.

iii. "Unsuitability of informal child care":

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

iv. "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 the 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?

- [ ] i. In writing
- [ ] ii. Verbally
- [x] iii. Other.

Describe:

Child care exception to a MRA 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 DSS8221 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. The family must demonstrate that it cannot get childcare for one or more of the reasons defined below. The family must immediately inform the Work First worker of its inability to obtain childcare and identify the specific reason(s) why and provide documentation, if necessary.

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

Work First Policy - Manual Section 120, V https://policies.ncdhhs.gov/divisional/social-services/work-first/policy-manuals/work-first-manual/wf120.pdf

3.2 Family Contribution to Payments

3.2 Family Contribution to Payments

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

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

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

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

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	**Lowest initial or First Tier Income Level where family is first charged co-pay**	**What is the monthly co-payment for a family of this size based on the income level in (a)?**	**What percentage of income is this co-payment in (b)?**	**Highest initial or First Tier Income Level before a family is no longer eligible.**	**What is the monthly co-payment for a family of this size based on the income level in (d)?**	**What percentage of income is this co-payment in (d)?**

	(a)	(b)	(c)	(d)	(e)	(f)
	(greater than $0)					
1	$1	$0.10	10%	$2082	$208	10%
2	$1	$0.10	10%	$2818	$282	10%
3	$1	$0.10	10%	$3555	$356	10%
4	$1	$0.10	10%	$4292	$429	10%
5	$1	$0.10	10%	$5028	$503	10%

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

☑ i. N/A. Sliding fee scale is statewide

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

N/A, sliding fee scale is statewide

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

N/A; sliding fee scale is statewide

c. What is the effective date of the sliding-fee scale(s)? July 1, 2019

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

N/A; sliding fee scale is 10% of the family's countable gross monthly income and is applied to the youngest child.

3.2.2 How will the family's contribution be calculated, and to whom will it be applied? Check all that apply under a. or b.

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

☐ i. The fee is per child, with the same fee for each child.

☐ ii. The fee is per child and is discounted for two or more children.

☐ iii. The fee is per child up to a maximum per family.

☐ iv. No additional fee is charged after certain number of children.

☐ v. The fee is per family.

- [ ] vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

  Describe:

- [ ] vii. Other.

  Describe:

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

    Describe:

  - [ ] vii. Other.

    Describe:

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

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

    Describe:

    When the child is enrolled in the 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. When the child's care is paid at the blended rate (83%), the parent fee is multiplied by .83.

DCDEE will consider recommending policy changes which will benefit very low income families and families experiencing homelessness. Data will be collected on the number of facilities being assessed the co-payment that are experiencing homelessness.

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

Describe:

☐ c. Other.

Describe:

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

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

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

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

Describe the policy and provide the policy citation.

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

Describe the policy and provide the policy citation.

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. Chapter 8. II. Of online policy manual.

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

Co-payments are waived 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.

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

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

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

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

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's

income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

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

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

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

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

A. Describe the policies and procedures.

A graduated phase out period of 12 months 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 whose income 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 less than 85% SMI, but exceeds the State Income limits, the family will be given a phase out period of 12 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.

B. Provide the citation for this policy or procedure.

Subsidized Child Care Assistance 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.

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

B. Describe how the second eligibility threshold:

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

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

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

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

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

☐ No

☑ Yes

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

At the time of graduated phase out, parental fees will increase to reflect the family's

new reported income.

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

- [x] No.
- [ ] Yes.

Describe:

3.3 Increasing Access for Vulnerable Children and Families

3.3 Increasing Access for Vulnerable Children and Families

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

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

3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

For subsidized child care purposes, the state defines a child with special needs as 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".
https://schs.dph.ncdhhs.gov/data/champ/cshcn.htm

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.

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

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

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

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

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

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

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

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

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

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

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

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

Children with special needs: 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.

amilies with very low incomes: 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.

hildren experiencing homelessness: DSS/LPAs will use the 4% set aside to serve vulnerable populations which includes children experiencing homelessness. Families experiencing homelessness are made eligible at the time of application based on information reported by the recipient. If the recipient does not have all required documentation on the day of application, the recipient's reported need for care and reported income are used to complete an application. If the reported information meets all eligibility criteria, the application is approved, and child care services can begin immediately. The recipient then has 30 days to provide all needed documentation to support their eligibility for child care services. If it is determined that the recipient is not eligible for child care services once all required documentation has been submitted, the child care case is terminated with a 10-day notice provided to the recipient and the child care provider. If this occurs, the child care provider shall be paid for services provided based on the start date on the voucher through the last day of the 10-day notice. Any payment made to the child care provider prior to the final eligibility decision shall not be considered in or error or an improper payment and shall not be recouped from the provider.
Families receiving TANF: Redetermination can be completed by phone with a follow-up signature on the paper application that will be mailed to the family. Parents may also complete an application and mail, email, or fax it to the local purchasing agency.

3.3.3 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 prioritization plan is shared with and approved by the Lead Agency. Because this additional prioritization is completed at the local level, there is variation as to which additional

vulnerable populations are prioritized.

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

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 prioritization plan is shared with and approved by the Lead Agency. Because this additional prioritization is completed at the local level, there is variation as to which additional vulnerable populations are prioritized.

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

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

Families experiencing homelessness are made eligible at the time of application based on information reported by the recipient. If the recipient does not have all required documentation on the day of application, the recipient's reported need for care and reported income are used to complete an application. If the reported information meets all eligibility criteria, the application is approved, and child care services can begin immediately. The recipient then has 30 days to provide all needed documentation to support their eligibility for child care services. If it is determined that the recipient is not eligible for child care services once all required documentation has been submitted, the

child care case is terminated with a 10-day notice provided to the recipient and the child care provider. If this occurs, the child care provider shall be paid for services provided based on the start date on the voucher through the last day of the 10-day notice. Any payment made to the child care provider prior to the final eligibility decision shall not be considered in or error or an improper payment and shall not be recouped from the provider.

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

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

A DCDEE contractor holds either virtual or in person resource fairs to conduct outreach to families experiencing homelessness. At the resource fairs information is provided about child care subsidy, how to find child care and how to access other early childhood services. Other types of outreach are currently being considered, especially in regards to how DCDEE can work with coordinated entry staff to increase access to child care subsidies. Child Care Resource and Referral agencies also conduct outreach to families experiencing homelessness both virtually and in person (e.g., shelters, motels and laundromats).

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

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

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

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

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

All families have 30 days to submit immunization records and a medical report. DCDEE will be considering recommendations to the NC General Assembly which would allow a longer time frame for submitting documentation.

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.

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

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.

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

☐ No.

☑ Yes.

Describe:

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

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:
regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI).regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:
any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illnessany interruption in work for a seasonal worker who is not workingany student holiday or break for a parent participating in a training or educational programany reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational programany other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agencya child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)any changes in residency within the state, territory, or tribal service area

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

Once determined eligible, recipients must receive 12 months of continued eligibility

unless a change occurs that impacts eligibility. Income and changes in income reported during the 12-month eligibility period shall only be compared to 85% of State Median Income (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 at the time of redetermination, the recipient shall receive a Graduated Phase Out of 12 months. Subsidized Child Care Assistance Administrative Letter #08-16 https://policies.ncdhhs.gov/divisional/child-development/child-care-subsidy-services/administrative-letters/documents/ccs_al_0816.pdf

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

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

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

  Describe or define your Lead Agency's policy:

  The Lead Agency changed its policy to include any time-limited absence from work for an employed parent as a temporary change. This specific policy is covered by "any other cessation of work or attendance in a training or educational program that does not exceed 3 months or a time period established by the Lead Agency."

  Citation:

  Subsidized Child Care Assistance Administrative Letter #01-21

- [x] ii. Any interruption in work for a seasonal worker who is not working.

  Describe or define your Lead Agency's policy:

  The Lead Agency has changed its policy to include any time-limited absence from work for an employed parent as a temporary change.

Citation:

Subsidized Child Care Assistance Administrative Letter #01-21

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

Describe or define your Lead Agency's policy:

The Lead Agency changed its policy to include any time-limited absence from work for an employed parent as a temporary change. Subsidized Child Care Assistance Administrative Letter #01-21

Citation:

Subsidized Child Care Assistance Administrative Letter #01-21

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

Describe or define your Lead Agency's policy:

The Lead Agency changed its policy to include any time-limited absence from work for an employed parent as a temporary change.

Citation:

Subsidized Child Care Assistance Administrative Letter #01-21

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

Describe or define your Lead Agency's policy:

The Lead Agency changed its policy to include any time-limited absence from work for an employed parent as a temporary change.

Citation:

Subsidized Child Care Assistance Administrative Letter #01-21

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

Describe or define your Lead Agency's policy:

Policy requires that services continue for children who turn 13 years of age through the end of their certification period.

Citation:

Subsidized Child Care Assistance Administrative Letter #05-18; https://policies.ncdhhs.gov/divisional/child-development/child-care-subsidy-services/administrative-letters/documents/ccs_al_0518.pdf

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

Describe or define your Lead Agency's policy:

Policy clarifies that moving from one county to another within the state is not a reason for termination. Recipients are required to report changes to their LPA including when they move from one county to another within the state. When a family moves from one county to another within the state and continues to need subsidized child care, the family's eligibility for SCCA and their case shall continue with no interruption in eligibility and the case shall be transferred to the new county. The family shall not be placed on a waiting list in their new county.

Citation:

Subsidized Child Care Assistance Administrative Letter #05-18; https://policies.ncdhhs.gov/divisional/child-development/child-care-subsidy-services/administrative-letters/documents/ccs_al_0518.pdf

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

NA

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

a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible

activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

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

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

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

- [x] No.
- [ ] Yes.

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

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

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

New policy will allow services to be discontinued after 90 days of continued assistance once a family reports a non-temporary change.

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

Families should report any changes in their need for care during their certification period including when there is a job loss or cessation of work. The job-search period would begin after the change has been reported to the LPA.

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

3 months

iv. Provide the citation for this policy or procedure.

Subsidized Child Care Assistance Administrative Letter #01-21

https://policies.ncdhhs.gov/divisional/child-development/child-care-subsidy-services/administrative-letters/scca-admin-letter-01-21-90-day-transition.pdf

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

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

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

B. Provide the citation for this policy or procedure:

- [x] iii. 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

https://policies.ncdhhs.gov/divisional/child-development/child-care-subsidy-services/policies/documents/ccsc4_01.pdf

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

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

Fraudulent misrepresentation is 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 is when it is proven that a recipient or a provider intentionally misrepresented or withheld information. Chapter 23. II.A.1 and 2.

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

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

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

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

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

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

- [ ] No
- [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 state median income (SMI)) or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

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

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

  Describe:

  Families should report changes if 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] ii. Changes that impact the Lead Agency's ability to contact the family.

  Describe:

  Families should report a change of address and telephone number.

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

  Describe:

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

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to

ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- [x] i. Phone
- [x] ii. Email
- [ ] iii. Online forms
- [ ] iv. Extended submission hours
- [x] v. Postal Mail
- [x] vi. FAX
- [x] vii. In-person submission
- [ ] viii. Other.

Describe:

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

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

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.

Administrative Letter #06-18

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

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

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

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

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

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

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

Describe:

Redetermination can be completed by phone with a follow-up signature on the paper application that will be mailed to the family. Parents may also complete an

application and mail it to the local purchasing agency. Administrative Letter #05-16 effective June 1, 2016.

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

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

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

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

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent

chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

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

Upon determining that a family is eligible to receive subsidized 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.

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

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

Describe:

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

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

Parents are provided equal access to child care that is comparable to that of non-CCDF families because market rates are routinely surveyed and established to allow families to access at least the 75th percentile of providers in all types of care, age groupings and star ratings. In some counties and age groupings, market rates are established at the 100th percentile, allowing access to all price points of care for providers who participate in the Child Care Subsidy Assistance program.

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

Approximately 67% of licensed child care facilities participate in the Subsidized Child Care Assistance Program.

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

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.

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 child 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?

- [ ] No.
- [x] Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
  - [ ] a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

    Describe:

    NA

  - [ ] b. Restricted based on the provider meeting a minimum age requirement.

    Describe:

    NA

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

Describe:

NA

☐ d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)).

Describe:

NA

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

Describe:

NA

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

Describe:

NA

☑ g. Other.

Describe:

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 child'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.

4.1.6 Child care services available through grants or contracts.

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

- [x] No. If no, skip to 4.1.7.
- [ ] Yes, in some jurisdictions but not statewide.

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

- [ ] 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 entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

  NA

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

  NA

4.1.6 Child care services available through grants or contracts.

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

- [ ] No
- [x] Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

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

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

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

- [x] To increase the supply of care
- [ ] To increase the quality of care

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

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

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

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

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

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

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

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

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

- [ ] To increase the supply of care

- [ ] To increase the quality of care

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

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

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

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

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

- [x] To increase the supply of care
- [ ] To increase the quality of care

Describe

NC DCDEE will pilot the use of contracts to increase the supply of care for infants and toddlers, then consider in the future the use of contracts for vulnerable populations, such as for programs serving families experiencing homelessness, programs serving children with disabilities, and non-traditional care.

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x).

a. In child care centers.

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 shares that information with the state and families. NC 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. NC 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.

b. In child care homes.

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 shares that information with the state and families. NC 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. NC 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.

c. 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 shares that information with the state and families. NC 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. NC 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.

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

is focused more on building supply or on improving quality.

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

- [x] i. Grants and contracts (as discussed in 4.1.6).

Describe:

DCDEE will be piloting contracted infant and toddler slots, then will consider the use of contracted slots for other vulnerable populations.

- [x] ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

DCDEE plans to provide relief funding to expand child care networks with paid staffing. CCR&Rs help support FCCHs through engagement in local formal FCCH Associations/Networks that meet regularly. Most of the counties with active FCCH Associations/Networks are located in urban communities that have a larger number of FCCHs. However, there are counties with very few homes in more rural areas (less than 25 FCCHs) that have FCCH provider groups supported by CCR&Rs that meet regularly and have been extremely effective. This intensive hands-on approach allows for the development of relationships and community support in underserved areas while laying the groundwork for establishing a statewide FCCH Network. These CCR&R strategies are focused on both increasing supply and supporting quality.

Smart Start's partnership with a shared service contractor helps establish and strengthen family child care networks across the state. Unlike child care centers, family child care programs often support children in underserved areas such as rural or low-income communities.

- [ ] iii. Start-up funding.

Describe:

- [x] iv. 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. For example, the Infant Toddler Quality Enhancement Project and Healthy Social Behaviors Projects of NC CCR&R offer technical assistance support statewide.
The local purchasing agency provides technical assistance to programs related to Subsidy requirements which, if followed, could potentially increase the supply of Subsidized Child Care across the state.

In partnership with local networks and CCR&Rs, a shared service contractor provides technical assistance to providers on the shared service contractor platform in the form of coaching, technical support, tax planning assistance, and a provider community of practice. NC DCDEE has contracted with Salvation Army to provide technical assistance to child care programs related to increasing access to child care for families experiencing homelessness. A statewide homelessness technical assistance specialist will coach programs using the *Self-Assessment Tool for Early Childhood Programs Serving Families Experiencing homelessness* and the nine module series, from the National Center on Parent, Family and Community Engagement, titled, "Supporting Families Experiencing Homelessness." Once programs have successfully reached their technical assistance goals and meet certain standards within the tool, the program will be added to a Head Start referral app which will be used by the Homeless Education Coordinators who are employed throughout the state.

One activity of the Preschool Development Grant is the provision of technical assistance for emergency homeless shelters. Part of the technical assistance will involve the use of the ACF, Early Childhood Self-Assessment Tool for Family Shelters and outreach to early childhood programs.

☑ v. Recruitment of providers.

Describe:

In collaboration with NC DCDEE, the CCR&R Statewide FCCH Project Manager works with pre-licensing trainers to connect potential FCCH providers with CCR&R support services as they consider opening a FCCH business. Support includes training, technical assistance and resources specifically designed to promote a sustainable business model.
In partnership with Smart Start and the CCR&Rs, a shared service contractor

assists with the recruitment of family child care providers interested in joining the program. In the future, the shared service contractor can also assist with the creation of net-new supply and new providers. Smart Start can target rural or underserved areas for recruitment to better serve children and families in need of quality care.

Salvation Army will recruit providers through NC DCDEE's email marketing of the availability of the TA specialist with a listserv to 90% of providers and with incentives for the programs that participate, including the addition of the program on the Head Start referral application which will be used by the Homeless Education Coordinators.

☑ vi. Tiered payment rates (as in 4.3.3).

Describe:

The Lead Agency reimburses providers based on multiple factors including the facility's star rating, county tier, and age of child. Reimbursement rates for facilities with higher star ratings (4- and 5-star) are higher than those facilities licensed at the 3-star rate.

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

Describe:

CCR&R technical assistance staff have been trained on the Self- Help Business Training Train the Trainer. The resulting trainings provide support for improving child care program business practices.

FCCHs can access the NC ECE Shared Resources website which is a platform sponsored by the NC CCR&R Council that provides reliable answers related to early care and education jobs, program administration, human resources, classroom, savings, regulations, family engagement, quality, marketing, and training.

A shared service contractor provider-facing platform is built on the principles of ECE finance. By coaching providers on the platform, a shared service contractor helps them improve profitability, learn business practices such as expense/income

tracking, and implement strategies to ensure their programs are full and that payments are collected on time.

☑ viii. Accreditation supports.

Describe:

The National Association for Family Child Care (NAFCC) has partnered with a shared service contractor to recognize family child care providers who both use the platform and who are accredited through NAFCC with a custom badge on their online profile.

☑ ix. Child Care Health Consultation.

Describe:

Regional Infant Toddler Child Care Health Consultants working with the NC Child Care Health and Safety Resource Center were assigned to underserved counties. Funding was provided for training and technical assistance using the NC Health and safety Assessment application and ongoing support of the child care workforce in these areas. CCDF funding will be used to expand Child Care Health Consultation to all 100 counties to serve programs serving children of all ages. A multi-agency team is currently meeting to discuss a way to combine funding and sustainability.

☐ x. Mental Health Consultation.

Describe:

☐ xi. Other.

Describe:

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

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

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

Describe:

DCDEE will pilot contracts for infant and toddler slots in the future, then consider contracted slots for other vulnerable populations.

☑ ii. Family Child Care Networks.

Describe:

The CCR&R Family Child Care Home Program collaborates with local, state, and national organizations. Currently the CCR&R FCCH Program Manager is a member of the NC Think Babies Initiative FCCH Advisory Team that identifies the need for additional support and funding for infant and toddler care in Family Child Care Homes.

☐ iii. Start-up funding.

Describe:

☑ iv. Technical assistance support.

Describe:

The Infant Toddler Quality Enhancement Project of the statewide Child Care Resource and Referral System provides technical assistance statewide to child care programs serving infants and toddlers. NC DCDEE has adopted practice-based coaching (PBC) as its coaching model in an effort to build the capacity of the technical assistance practitioners across NC to use PBC practices. A request for applications will be released to continue to facilitate the PBC learning collaborative and provide ongoing professional development to trained technical assistance practitioners.

Regional Infant Toddler Child Care Health Consultants working with the NC Child Care Health and Safety Resource Center were assigned to underserved counties. Funding was provided for training, technical assistance using the web-based NC Health and Safety Assessment application and ongoing support of the child care workforce in these areas.

☑ v. Recruitment of providers.

Describe:

In 2021 NC DCDEE will release a request for application to find an agency that will develop and implement programs to recruit and sustain the infant/toddler workforce. Activities include establishing center-based and/or family child care workplace environment standards that reduce stressful conditions and promote teacher effectiveness, developing a plan for workforce recruitment which will address barriers to hiring and sustaining a qualified, well-prepared, and diverse teaching staff, building the capacity of child care program leadership to develop, sustain and implement program standards that address employee benefits and compensation, and addressing systemic barriers by developing targeted opportunities and supports for black, Indigenous, people of color (BIPOC).

☑ vi. Tiered payment rates (as in 4.3.3).

Describe:

The Lead Agency reimburses providers based on multiple factors including the facility's star rating, county tier, and age of child. Reimbursement rates for facilities with higher star ratings (4- and 5-star) are higher than those facilities licensed at the 3-star rate.

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

Describe:

In 2021 NC DCDEE will release a request for application to recruit an agency that will develop and implement programs to recruit and sustain the infant/toddler workforce. Activities include establishing center-based and/or family child care workplace environment standards that reduce stressful conditions and promote teacher effectiveness, developing a plan for workforce recruitment which will address barriers to hiring and sustaining a qualified, well-prepared, and diverse teaching staff, building the capacity of childcare program leadership to develop, sustain and implement program standards that address employee benefits and compensation, and Addressing systemic barriers by developing targeted opportunities and supports for black, Indigenous, people of color (BIPOC).

☐ viii. Accreditation supports.

Describe:

NA

☑ ix. Child Care Health Consultation.

Describe:

NC DCDEE is funding three regional infant/toddler Child Care Health Consultants as a part of the NC Child Care Health and Safety Resource Center program in economically distressed counties to provide local Child Care Health Consultant services.Child Care Health Consultants (CCHC) provide health and safety information through training and technical assistance with providers to address physical health and development, healthy eating and physical activity, as well as all of the CCHC national competencies. https://eclkc.ohs.acf.hhs.gov/publication/child-care-health-consultant-competencies.

☑ x. Mental Health Consultation.

Describe:

In 2021 the NC DCDEE plans to release a request for applications to seek an agency that will develop the Infant/Early Childhood Mental Health Consultation program design and conduct a program implementation pilot.

During the 2018 Infant Toddler RFA cycle, NC DCDEE granted funding to The Center for Child and Family Policy at Duke University to build a trauma-informed professional development framework for infant/toddler teachers, administrators and the workforce that supports them. The program proved to be instrumental during the COVID-19 epidemic. NC DCDEE plans to continue this work and utilize PDG funds to expand the age range of the project to include classrooms serving children 3-5.

☑ xi. Other.

Describe:

1) NC DCDEE plans to conduct a study to determine the occurrences of suspension and expulsion of infants and toddlers served in licensed child care programs. The study will yield information not currently being captured and will

assist with programmatic planning for infants and toddlers, especially for children of color.

2) North Carolina is working to design a state model for high-quality early learning programs for birth through age three children and families. One of NC DHHS's recommendations was to conduct a feasibility and cost study for the development of a pilot program modeled after NC Pre-K. CCDF funds will be utilized to conduct this portion of the work. DCDEE will us the recommendation generated through this work to develop a program model that will address racial equity and systemic barriers by developing equitable eligibility requirements, site qualifications and requirements, classroom environment and program requirements, teacher qualifications and program evaluation and monitoring.

3) North Carolina is a leader in developing and implementing evidence-based models for breastfeeding-friendly maternity and child care; however, efforts to scale up breastfeeding-friendly child care (BFCC) designation across the state lag behind maternity-care efforts. To close this gap in our state and inform a model for national scale up, a landscape analysis of what is being done in North Carolina to protect, promote and support breastfeeding in child care is suggested.

4) To increase access to high quality infant toddler care, DCDEE will in this Plan period begin providing a select number of contracted slots in four- and five- star programs in rural areas and in under-resourced counties.

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

c. Children with disabilities. Check and describe all that apply.

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

Describe:

Contracted slots for children with disabilities may be considered during the 2022-2024 Plan cycle after a pilot of using contracted slots for infant and toddler care.

☑ ii. Family Child Care Networks.

Describe:

The CCR&R Family Child Care Home Program collaborates with local, state, and national organizations. Currently the CCR&R FCCH Program Manager is a member of the NC Think Babies Initiative FCCH Advisory Team that identifies the need for additional support and funding for infant and toddler care in Family Child Care Homes. Support reources will include resources for children with disabilities.

☐ iii. Start-up funding.

Describe:

☑ iv. Technical assistance support.

Describe:

The Infant Toddler Quality Enhancement Project of the statewide Child Care Resource and Referral System provides technical assistance statewide to child care programs serving infants and toddlers. Technical assistance includes assistance with working with children with disabilities.

NC DCDEE has adopted practice-based coaching (PBC) as its coaching model in an effort to build the capacity of the technical assistance practitioners across NC to use PBC practices. A request for applications will be released to continue to facilitate the PBC learning collaborative and provide ongoing professional development to trained technical assistance practitioners.

Regional Infant Toddler Child Care Health Consultants working with the NC Child Care Health and Safety Resource Center were assigned to underserved counties. Funding was provided for training, technical assistance, including working with children with disabilities, using the web-based NC Health and Safety Assessment application and ongoing support of the child care workforce in these areas.

☑ v. Recruitment of providers.

Describe:

In 2021 NC DCDEE will release a request for application to find an agency that will develop and implement programs to recruit and sustain the infant/toddler

workforce. Activities include establishing center-based and/or family child care workplace environment standards that reduce stressful conditions and promote teacher effectiveness, developing a plan for workforce recruitment which will address barriers to hiring and sustaining a qualified, well-prepared, and diverse teaching staff, building the capacity of child care program leadership to develop, sustain and implement program standards that address employee benefits and compensation, and addressing systemic barriers by developing targeted opportunities and supports for black, Indigenous, people of color (BIPOC).

☑ vi. Tiered payment rates (as in 4.3.3).

Describe:

The Lead Agency reimburses providers based on multiple factors including the facility's star rating, county tier, and age of child. Reimbursement rates for facilities with higher star ratings (4- and 5-star) are higher than those facilities licensed at the 3-star rate.

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

Describe:

In 2021 NC DCDEE will release a request for application to recruit an agency that will develop and implement programs to recruit and sustain the infant/toddler workforce. Activities include establishing center-based and/or family child care workplace environment standards that reduce stressful conditions and promote teacher effectiveness, developing a plan for workforce recruitment which will address barriers to hiring and sustaining a qualified, well-prepared, and diverse teaching staff, building the capacity of childcare program leadership to develop, sustain and implement program standards that address employee benefits and compensation, and Addressing systemic barriers by developing targeted opportunities and supports for black, Indigenous, people of color (BIPOC).

☐ viii. Accreditation supports.

Describe:

☑ ix. Child Care Health Consultation.

Describe:

Assisting child care programs with accommodations and training regarding children with special health care needs is part of the responsibilities of the Child Care Health Consultants in the state.

☑ x. Mental Health Consultation.

Describe:

In 2021 the NC DCDEE plans to release a request for applications to seek an agency that will develop the Infant/Early Childhood Mental Health Consultation program design and conduct a program implementation pilot. During the 2018 Infant Toddler RFA cycle, NC DCDEE granted funding to The Center for Child and Family Policy at Duke University to build a trauma-informed professional development framework for infant/toddler teachers, administrators and the workforce that supports them. The program proved to be instrumental during the COVID-19 epidemic. NC DCDEE plans to continue this work and utilize PDG funds to expand the age range of the project to include classrooms serving children 3-5.

☑ xi. Other.

Describe:

NC DCDEE plans to conduct a study to determine the occurrences of suspension and expulsion of infants and toddlers served in licensed child care programs. The study will yield information not currently being captured and will assist with programmatic planning for infants and toddlers, especially for children of color. DCDEE will work with developers to include a question asking if expulsions involved children with disabilities.

North Carolina is working to design a state model for high-quality early learning programs for birth through age three children and families. One of NC DHHS's recommendations was to conduct a feasibility and cost study for the development of a pilot program modeled after NC Pre-K. CCDF funds will be utilized to conduct this portion of the work. DCDEE will use the recommendation generated through this work to develop a program model that will address racial equity and systemic barriers by developing equitable eligibility requirements, site qualifications and

requirements, classroom environment (with adaptation considerations) and program requirements, teacher qualifications and program evaluation and monitoring.

In PDG funded activity 5.3, NC DCDEE will partner with the NC Division of Public Health's Early Intervention Services Branch to expanding access to teletherapy and increase family engagement. Teletherapy expansion will provide over 200 children with developmental disabilities in western NC services through teletherapy, such as occupational therapy, treatment for infant feeding disorders, and speech therapy. Translation services will be provided for Spanish-speaking children and families. Family engagement efforts will provide 18,000 families of children with disabilities access to materials, webinars and trainings to support their children's transition into preschool, and will ensure 100% of Local Interagency Coordinating Councils include family representatives.

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

d. Children who receive care during non-traditional hours. Check and describe all that apply.

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

Describe:

Contracted slots for programs which operate non-traitional hours may be considered during the 2022-2024 Plan cycle after a pilot of using contracted slots for infant and toddler care.

☑ ii. Family Child Care Networks.

Describe:

he CCR&R Family Child Care Home Program collaborates with local, state, and national organizations. Currently the CCR&R FCCH Program Manager is a member of the NC Think Babies Initiative FCCH Advisory Team that identifies the

need for additional support and funding for infant and toddler care in Family Child Care Homes. Support reources will include resources for programs offering non-traditional hours.

NC DCDEE will use relief funds to add staffing and support for Family Child Care Home Networks.

☐ iii. Start-up funding.

Describe:

☑ iv. Technical assistance support.

Describe:

The Infant Toddler Quality Enhancement Project of the statewide Child Care Resource and Referral System provides technical assistance statewide to child care programs serving infants and toddlers. Technical assistance includes assistance with working with children with disabilities.

NC DCDEE has adopted practice-based coaching (PBC) as its coaching model in an effort to build the capacity of the technical assistance practitioners across NC to use PBC practices. A request for applications will be released to continue to facilitate the PBC learning collaborative and provide ongoing professional development to trained technical assistance practitioners.
Regional Infant Toddler Child Care Health Consultants working with the NC Child Care Health and Safety Resource Center were assigned to underserved counties. Funding was provided for training, technical assistance, including working with children with disabilities, using the web-based NC Health and Safety Assessment application and ongoing support of the child care workforce in these areas.

Technical Assistance providers and small business centers of community colleges will be providing business training and supports for early childhood program administrators/operators..

☑ v. Recruitment of providers.

Describe:

In 2021 NC DCDEE will release a request for application to find an agency that will develop and implement programs to recruit and sustain the infant/toddler workforce. Activities include establishing center-based and/or family child care workplace environment standards that reduce stressful conditions and promote teacher effectiveness, developing a plan for workforce recruitment which will address barriers to hiring and sustaining a qualified, well-prepared, and diverse teaching staff, building the capacity of child care program leadership to develop, sustain and implement program standards that address employee benefits and compensation, and addressing systemic barriers by developing targeted opportunities and supports for black, Indigenous, people of color (BIPOC).

☑ vi. Tiered payment rates (as in 4.3.3).

Describe:

The Lead Agency reimburses providers based on multiple factors including the facility's star rating, county tier, and age of child. Reimbursement rates for facilities with higher star ratings (4- and 5-star) are higher than those facilities licensed at the 3-star rate. The Subsidized Child Care Assistance program pays for child care services on all three shifts (shift hours go through the night).

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

Describe:

In 2021 NC DCDEE will release a request for application to recruit an agency that will develop and implement programs to recruit and sustain the infant/toddler workforce. Activities include establishing center-based and/or family child care workplace environment standards that reduce stressful conditions and promote teacher effectiveness, developing a plan for workforce recruitment which will address barriers to hiring and sustaining a qualified, well-prepared, and diverse teaching staff, building the capacity of childcare program leadership to develop, sustain and implement program standards that address employee benefits and compensation, and Addressing systemic barriers by developing targeted opportunities and supports for black, Indigenous, people of color (BIPOC).

☐ viii. Accreditation supports.

Describe:

☑ ix. Child Care Health Consultation.

Describe:

DCDEE plans to use CCDF funds to expand Child Care Health Consultantion to all 100 counties. Child Care Health ConsultationCCHCs provide health and safety information through training and technical assistance with providers to address physical health and development, healthy eating and physical activity, as well as all of the CCHC national competencies. https://eclkc.ohs.acf.hhs.gov/publication/child-care-health-consultant-competencies.

☑ x. Mental Health Consultation.

Describe:

In 2021 the NC DCDEE plans to release a request for applications to seek an agency that will develop the Infant/Early Childhood Mental Health Consultation program design and conduct a program implementation pilot. During the 2018 Infant Toddler RFA cycle, NC DCDEE granted funding to The Center for Child and Family Policy at Duke University to build a trauma-informed professional development framework for infant/toddler teachers, administrators and the workforce that supports them. The program proved to be instrumental during the COVID-19 epidemic. NC DCDEE plans to continue this work and utilize PDG funds to expand the age range of the project to include classrooms serving children 3-5.

An ARP funded activity will be telehealth services to early chilhdood professionals.

☑ xi. Other.

Describe:

North Carolina is working to design a state model for high-quality early learning programs for birth through age three children and families. One of NC DHHS's recommendations was to conduct a feasibility and cost study for the development of a pilot program modeled after NC Pre-K. CCDF funds will be utilized to conduct this portion of the work. DCDEE will use the recommendation generated through this work to develop a program model that will address racial equity and systemic

barriers by developing equitable eligibility requirements, site qualifications and requirements, classroom environment (with adaptation considerations) and program requirements, teacher qualifications and program evaluation and monitoring.

PDG funded activity 5.3, NC DCDEE will partner with the NC Division of Public Health's Early Intervention Services Branch to expanding access to teletherapy and increase family engagement. Teletherapy expansion will provide over 200 children with developmental disabilities in western NC services through teletherapy, such as occupational therapy, treatment for infant feeding disorders, and speech therapy. Translation services will be provided for Spanish-speaking children and families. Family engagement efforts will provide 18,000 families of children with disabilities access to materials, webinars and trainings to support their children's transition into preschool, and will ensure 100% of Local Interagency Coordinating Councils include family representatives.

PDG Activity 5.6: Alternative Market Rate Model - DCDEE will identify a partner to conduct an alternative rate methodology study to develop up to three alternative models to the state's current market rate model for child care subsidies. Building on the initial cost modeling work completed by the Center for American Progress, the new models and cost estimates for helping families afford child care will be developed with recommended actions and next steps-recognizing that low-income families spend as much as 35% of their household income on child care. This will at the same time acknowledge that early childhood teachers can earn less than $10 per hour, often without health insurance and other benefits.

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

e. Other. Check and describe all that apply.

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

Describe:

To increase access to child care and improve the quality of care, September 2021 NC DCDEE will begin using a formal application process for providers to receive stabilization grants using ARP funds. The process for applying for the funds, the intermediary, the application and webpage for the location of the grants is in the process of being determined.

To increase access to high quality infant toddler care, NC DCDEE will begin providing a select number of contracted slots in four and fivestar programs in rural areas and in under-resourced counties.

☑ ii. Family Child Care Networks.

Describe:

NC DCDEE plans to use relief funds to add staffing and support to Family Child Care Networks. This activity will be focused on increasing the quality of Family Child Care Homes.

☐ iii. Start-up funding.

Describe:

☑ iv. Technical assistance support.

Describe:

The Infant Toddler Quality Enhancement Project of the statewide Child Care Resource and Referral System provides technical assistance statewide to child care programs serving infants and toddlers. Technical assistance will increase the quality of child care.

NC DCDEE has adopted practice-based coaching (PBC) as its coaching model in an effort to build the capacity of the technical assistance practitioners across NC to use PBC practices. A request for applications will be released to continue to facilitate the PBC learning collaborative and provide ongoing professional development to trained technical assistance practitioners. The purpose of PBC is

increase the quality of child care.

Regional Infant Toddler Child Care Health Consultants working with the NC Child Care Health and Safety Resource Center were assigned to underserved counties. Funding was provided for training and technical assistance,using the web-based NC Health and Safety Assessment application and ongoing support of the child care workforce in these areas. CCHC implementation increases the quality of child care.

☑ v. Recruitment of providers.

Describe:

Providers will continue to have access to teacher/administrator discounts upon completion of the Early Educator Certification implemented by the NC Institute for Child Development Professionals. Retention of teachers increases the quality of child care.

☑ vi. Tiered payment rates (as in 4.3.3).

Describe:

The Lead Agency reimburses providers based on multiple factors including the facility's star rating, county tier, and age of child. Reimbursement rates for facilities with higher star ratings (4- and 5-star) are higher than those facilities licensed at the 3-star rate. Tiered payment rates build the supply of child care.

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

Describe:

Business training and supports from technical assistance providers and small business centers at community colleges. We are also using ARP funds to provide telehealth for child care providers. These supports increase the quality of child care.

☐ viii. Accreditation supports.

Describe:

☑ ix. Child Care Health Consultation.

Describe:

To increase the quality of child care, DCDEE plans to expand Child Care Health Consultantion to all 100 counties. Child Care Health Consultation (CCHCs) provide health and safety information through training and technical assistance with providers to address physical health and development, healthy eating and physical activity, as well as all of the CCHC national competencies. https://eclkc.ohs.acf.hhs.gov/publication/child-care-health-consultant-competencies.

☑ x. Mental Health Consultation.

Describe:

To increase the quality of child care, in 2021 the NC DCDEE plans to release a request for applications to seek an agency that will develop the Infant/Early Childhood Mental Health Consultation program design and conduct a program implementation pilot. During the 2018 Infant Toddler RFA cycle, NC DCDEE granted funding to The Center for Child and Family Policy at Duke University to build a trauma-informed professional development framework for infant/toddler teachers, administrators and the workforce that supports them. The program proved to be instrumental during the COVID-19 epidemic. NC DCDEE plans to continue this work and utilize PDG funds to expand the age range of the project to include classrooms serving children 3-5.

☑ xi. Other.

Describe:

North Carolina is working to design a state model for high-quality early learning programs for birth through age three children and families. One of NC DHHS's recommendations was to conduct a feasibility and cost study for the development of a pilot program modeled after NC Pre-K. CCDF funds will be utilized to conduct this portion of the work. DCDEE will use the recommendation generated through this work to develop a program model that will address racial equity and systemic barriers by developing equitable eligibility requirements, site qualifications and requirements, classroom environment (with adaptation considerations) and program requirements, teacher qualifications and program evaluation and

monitoring.

In PDG funded activity 5.3, NC DCDEE will partner with the NC Division of Public Health's Early Intervention Services Branch to expanding access to teletherapy and increase family engagement. Teletherapy expansion will provide over 200 children with developmental disabilities in western NC services through teletherapy, such as occupational therapy, treatment for infant feeding disorders, and speech therapy. Translation services will be provided for Spanish-speaking children and families. Family engagement efforts will provide 18,000 families of children with disabilities access to materials, webinars and trainings to support their children's transition into preschool, and will ensure 100% of Local Interagency Coordinating Councils include family representatives.

PDG Activity 5.6: Alternative Market Rate Model - To build the supply of quality child care, NC DCDEE will identify a partner to conduct an alternative rate methodology study to develop up to three alternative models to the state's current market rate model for child care subsidies. Building on the initial cost modeling work completed by the Center for American Progress - the new models and cost estimates for helping families afford child care will be developed with recommended actions and next steps-recognizing that low-income families spend as much as 35% of their household income on child care. This will at the same time acknowledge that early childhood teachers can earn less than $10 per hour, often without health insurance and other benefits.

4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

NC 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.The eight module series, Supporting Families Experiencing Homelessness, by the National Center on Parent, Family and Community Engagement, has been uploaded to the DCDEE Moodle training platform. 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. Infant toddler child care health consultation services are offered in select economically distressed counties. The activities 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.

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles.

To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

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

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved

alternative methodology?

- [ ] Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.
  - [ ] a. MRS.

    When was your data gathered (provide a date range, for instance, September - December, 2019)?

  - [ ] b. ACF pre-approved alternative methodology.

    Identify the date of the ACF approval and describe the methodology:

- [x] No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

- [x] i. MRS.

  If checked, describe the status of the Lead Agency's implementation of the MRS.

  Current child care rates are based upon changes implemented in October 2018 by the NC General Assembly.

  Based upon the waiver provided by ACF, a typical market rate survey will be conducted in 2021 with the hopes that providers' business operations and rates will have stabilized

- [ ] ii. ACF pre-approved alternative methodology.

  If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2. 09/00/2017

4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

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:

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

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:

The Subsidy Advisory Committee includes child care program administrators as well as provider association leadership. 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 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: Click or tap here to enter text.

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.

ii. Provide complete and current data:

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.

iii. Use rigorous data collection procedures:

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 childcare 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 32hours 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.

iv. Reflect geographic variations:

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

v. Analyze data in a manner that captures other relevant differences:

County market rates are specified for child care centers and family child care homes and by age for infants up to children aged 13 for center and home-based care. 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.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

- [x] No
- [ ] Yes.

If yes, why do you think the data represents the child care market?

NA

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

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

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 ACF pre-approved 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 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

- [x] No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.
- [ ] Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

A waiver is being requested in Appendix A for the Market Rate Study which

includes the Narrow Cost Analysis. NC will work with a vendor to develop multiple alternative models to the current market rate model to establish child care subsidy reimbursement rates that are comparable to what private pay parents in the community would pay for child care. Market rate surveys, cost-based methodologies and hybrid models will be explored, with the goal of supporting equal access to high-quality child care for families receiving subsidies across NC and with all ages of children. Family affordability, child care business sustainability, and EC workforce qualifications and compensations will be factored into the proposed models. Processes to ensure that data is current and complete, data collection and research methods are statistically valid and reliable will be included. Each model will be fully costed out, and considerations for provider type, different levels of provider quality, child age, geographic location, fiscal and political viability will be included. A state advisory group will be established to help guide the work, consisting of researchers and financial experts, practitioners, and other EC partners. (PDG)

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care

(including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

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

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. NA

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

NA

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

NA

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might

exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:1,194

Full-time weekly base payment rate: 276

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:1,120

Full-time weekly base payment rate: 259

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:1,035

Full-time weekly base payment rate: 239

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:633

Full-time weekly base payment rate: 146

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:799

Full-time weekly base payment rate: 186

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:791

Full-time weekly base payment rate: 184

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:727

Full-time weekly base payment rate: 169

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:539

Full-time weekly base payment rate: 125

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

Monthly rates were divided by 4.3.

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

When the care a child needs averages 32 through 55 hours per week, the appropriate monthly 100% rate for full-time care is paid to the provider. When the care a child needs averages 18 through 31 hours per week, the appropriate monthly 75% rate for three fourths care is paid to the provider. 3. When the care a child needs averages one (1) through 17 hours a week, the appropriate monthly 50% rate for half-time care is paid to the provider. Hours of care are calculated based on the parents' work/school schedule

including travel and study time .

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). 10/01/2018

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

Mecklenburg County

f. Provide the citation, or link, if available, to the payment rates Subsidized Child Care Assistance Administrative Letter #04-18; https://policies.ncdhhs.gov/divisional/child-development/child-care-subsidy-services/administrative-letters/documents/ccs_al_0418.pdf; https://ncchildcare.ncdhhs.gov/Home/DCDEE-Sections/Subsidy-Services/Market-Rates

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

NA

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

☑ a. Geographic area.

Describe:

A separate rate is established, through the Child Care Market Survey for each county in the state.

☑ b. Type of provider.

Describe:

A separate rate is established, through the Child Care Market Survey for each type of provider, in each county in the state.

☑ c. Age of child.

Describe:

A separate rate is established, through the Child Care Market Survey for each age group, in each type of care, in each county in the state.

☑ d. Quality level.

Describe:

A separate rate is established, through the Child Care Market Survey for each star rating level (1-5) for each type of care (center, FCCH) in each age group and county in the state.

☑ e. Other.

Describe:

NA

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

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

☐ No.

☑ Yes. If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.

☐ a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

☐ b. Differential rate for non-traditional hours.

Describe:

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

Describe:

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, NC DPI payments or other. This net cost is used as the subsidy payment rate for children with special needs and typically developing children. When a child identified as having a special need is served in an inclusive child care setting and the provider incurs additional costs for the care of the child, a supplemental payment above the provider's approved rate may be requested and paid by the LPA. Funding for supplemental payments for these children should initially come from the special needs set-aside.

☐ d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.

Describe:

☐ e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.

Describe:

☑ f. Differential rate for higher quality, as defined by the state/territory.

Describe:

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

☑ g. 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.

4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

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

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.

Child care market rates are established based upon data collected by the Market Rate Survey, in conjunction with the NC General Assembly, which is the final authority on what rates are implemented. The higher cost of higher-quality care, both on a regular basis and during the COVID pandemic, 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. In addition, during the pandemic, child care providers received tiered Operational Grants, based on enrollment and star rating, to assist them in paying for additional supplies or other increased costs. Cost accommodations following the pandemic subsiding are still being determined, and will be based on information available at that point.

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, NC 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.

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

The 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, NC 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.

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

During the pandemic, child care providers received tiered Operational Grants, based on enrollment (including subsidy and non-subsidy enrollment) and star rating, to assist them in paying for additional supplies or other increased costs. Cost accommodations following the pandemic subsiding are still being determined, and will be based on information available at that point. In addition, programs have been implemented to have the State pay all parent co-payments for subsidy providers, teacher bonuses, and to pay subsidy providers based on enrollment, not attendance. A new program was also established to provide child care subsidy assistance for front line workers' children, even if they would not normally be income-eligible for child care subsidy services.

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

☐ i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

☑ ii. 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.

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

☑ i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

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

☐ ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

☐ iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

☐ iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

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 no available 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, including fees related to COVID 19, 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 60 days to appeal inaccurate payments.

g. Other. Describe:

NA

4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

- [x] No, the practices do not vary across areas.
- [ ] Yes, the practices vary across areas.

Describe:

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

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

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

- [ ] a. Limit the maximum co-payment per family.

  Describe: .

- [x] b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

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

- [ ] c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

- [x] d. Other.

  Describe:

  DCDEE is considering sending recommendations to the NC General Assembly related to subsidy policy. One of the recommendations will be to waive the parent fee for families experiencing homelessness.

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 Manual Chapter 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.

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.

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or

license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

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

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing

requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.

☑ a. Center-based child care.

i. Identify the providers subject to licensing:

A child care center is an arrangement where, at any one time, there are three or more preschool-age children or nine or more school-age children receiving child care.

ii. Describe the licensing requirements:

Center-based child care is required to meet Chapter 110 of the North Carolina General Statutes, Chapter 9 of the Child Care Rules, and Section .2800 of the Sanitation of Child Care Centers requirements.

iii. Provide the citation:

NC General Statute 110, Chapter 9 of Child Care Rules, Section .2800 of Sanitation of Child Care Rules

☑ b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

A family child care home is a child care arrangement located in a residence where, at any one time, more than two children, but less than nine children, receive child care.

ii. Describe the licensing requirements:

Family child care is required to meet Chapter 110 of the North Carolina General Statutes and Chapter 9 of the Child Care Rules.

iii. Provide the citation:

NC General Statute 110 and Chapter 9 of Child Care Rules.

☑ c. In-home care (care in the childs own) (if applicable):

i. Identify the providers subject to licensing:

In-home care is a child care arrangement located in a residence where, at any one time, more than two children, but less than nine children, receive child care. Though child care in a child's home is not required to be licensed, in order for child/ren to receive subsidy services in their own home, the child(ren)'s home must be regulated or licensed as a family child care home.

ii. Describe the licensing requirements:

In-home care is required to meet Chapter 110 of the North Carolina General Statutes and Chapter 9 of the Child Care Rules.

iii. Provide the citation:

NC General Statute 110 and Chapter 9 of Child Care Rules.

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

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

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

In North Carolina, a program or arrangement that meets the definition of child care is

required to be licensed or regulated. Religious- sponsored child care facilities that meet the definition of child care must be regulated. These programs are exempt from the requirement to obtain a license and have the option to operate with a Notice of Compliance. These programs meet minimum licensing standards including obtaining approved building, fire, and sanitation inspections and are exempt from meeting standards related to staff qualifications, staff development and developmentally appropriate activities. If religious sponsored child care facilities receive child care subsidies, they must meet the health and safety requirements, including health and safety training requirements. Department of Defense (DoD) certified child care facilities are exempt 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 United States DoD certified by the DoD. DoD certified child care facilities must file with the lead agency 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 indicating that it meets the minimum health and safety standards for child care facilities that are required by the DoD.

ii. Provide the citation to this policy:

General Statute 110-106, 110-106.2

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

These programs are still required to meet minimum licensing standards, including health and safety requirements, and criminal background checks. Monitoring visits are conducted for exempt programs in the same manner as non-exempt programs, including visits related to child maltreatment investigations.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

In North Carolina, a program or arrangement that meets the definition of child care is

required to be licensed or regulated. Religious sponsored child care facilities that meet the definition of child care must be regulated. These programs are exempt from the requirement to obtain a license and have the option to operate with a Notice of Compliance. These programs meet minimum licensing standards and are exempt from meeting standards related to staff qualifications, staff development and developmentally appropriate activities. If religious sponsored child care facilities receive child care subsidies, they must meet the health and safety requirements, including health and safety training requirements. Department of Defense (DoD) certified child care facilities are exempt 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 United States DoD certified by the DoD. DoD certified child care facilities must file with the lead agency 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 indicating that it meets the minimum health and safety standards for child care facilities that are required by the DoD.

ii. Provide the citation to this policy:

General Statute 110-106, 110-106.2

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

These programs are still required to meet minimum licensing standards, including health and safety requirements, and criminal background checks. Monitoring visits are conducted for exempt programs in the same manner as non-exempt programs, including visits related to child maltreatment investigations.

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

In-home care providers are required to be licensed and follow the family child care home requirements.

ii. Provide the citation to this policy:

NC General Statute 110 and Chapter 9 of Child Care Rules.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

NA because they are not exempt from meeting the Child Care Rules.

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:

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

b. Toddler. Describe:

"Toddler" means any child ages 13 months to 35 months of age.

c. Preschool. Describe:

"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 in this rule.

d. School-Age. Describe:

"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 North Carolina General Statue 115C-364.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

1:5

B. Group size:

10

ii. Toddler

A. Ratio:

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

B. Group size:

12 to 24 months 12; 2 to 3 years 20

iii. Preschool

A. Ratio:

1:15 for preschoolers ages 3-4 years

B. Group size:

25

iv. School-age

A. Ratio:

1:25

B. Group size:

25

v. Mixed-Age Groups (if applicable)

A. Ratio:

For a center choosing to group children in multi-age groups: 0-3 years of age 1:4;12 months to 36 months 1:5; and 24 months to 60 months 1:6.

The staff/child ratios for a center located in a residence with a licensed capacity of 3 to 12 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:
0 to 12 Months is 1:5 preschool children plus three additional school-age children; 12 to 24 Months is 1:6 preschool children plus two additional school-age children; 2 to 13 Years is 1:10; 3 to 13 Years is 1:12; and all school-age is 1:15.

B. Group size:

For a center choosing to group children in multi-age groups: 0-3 years of age 8; 12 months to 36 months 10; 24 months to 60 months 10

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

NA

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

b. Licensed CCDF family child care home providers:

i. Mixed Groups

A. Ratio:

1:8

B. Group size:

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 count in the ratio.

ii. Infant

A. Ratio:

1:8

B. Group size:

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 count in the ratio.

iii. Toddler

A. Ratio:

1:8

B. Group size:

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 count in the ratio.

iv. Preschool

A. Ratio:

1:8

B. Group size:

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 count in the ratio.

v. School-age

A. Ratio:

1:8

B. Group size:

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 count in the ratio.

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

NA

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

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

i. Mixed Groups (if applicable)

A. Ratio:

1:8

B. Group size:

Licensed in-home care is 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 operator's own preschool age children count in the ratio.

ii. Infant (if applicable)

A. Ratio:

1:8

B. Group size:

Licensed in-home care is 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 operator's own preschool age children count in the ratio.

iii. Toddler (if applicable)

A. Ratio:

1:8

B. Group size:

Licensed in-home care is 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 operator's own preschool age children count in the ratio.

iv. Preschool (if applicable)

A. Ratio:

1:8

B. Group size:

Licensed in-home care is 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 operator's own preschool age children count in the ratio.

v. School-age (if applicable)

A. Ratio:

1:8

B. Group size:

Licensed in-home care is 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 operator's own preschool age children count in the ratio.

vi. Describe the ratio and group size requirements for license-exempt in-home care.

Ratio: 1:8; In home child care is 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 operator's own preschool age children count in the ratio.

5.2.3 Provide the teacher/caregiver qualifications for each category of care.

a. Licensed Center-Based Care

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

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 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.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:
At a minimum, all child care administrators in a child care center must be at least 21 years of age and shall have at least a North Carolina Early Childhood Administration Credential or its equivalent. Child care administrators must begin working to complete the credential within six months after assuming administrative duties and shall complete the credential within two years of beginning work to complete the credential. The pre-service requirements for a child care administrator that does not have the credential prior to exercising any child caring responsibilities is as follows: (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 (3) 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.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:
Religious sponsored programs operating with a Notice of Compliance are exempt from child care center 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. N.C.G.S. §7-110-106(e)religious sponsored child care facility operating with a Notice of Compliance shall be under the direction or supervision of a literate person at least 21 years of age.

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

Article 7, Chapter 110 of the North Carolina General Statute: https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/Chapter_110_General_Statutes_Child_Care_Facilities.pdf?ver=2020-11-02-103947-617 and Chapter 9 Child Care Rules: https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/Chapter_9_Child_Care_Rules_February_1_2021.pdf?ver=2021-02-11-081503-087

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

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.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

NA

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

Article 7, Chapter 110 of the North Carolina General Statute: https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/Chapter_110_General_Statutes_Child_Care_Facilities.pdf?ver=2020-11-02-103947-617

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

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.

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

NA

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety
standards
for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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 in the child care center (Rule .0804) and family child care home (Rule .1720) requirements. In addition, child care centers must follow all procedures to prevent the spread of communicable diseases described in 15A NCAC 18A .2800-Sanitation of Child Care Centers.

Rules Governing the Sanitation of Child Care Centers adopted by the Commission of Public Health must also be followed in child care centers. 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. Family Child Care Home are required to comply with sanitation requirements outlined in the child care rules to assure the health of children through proper sanitation. This includes, but is not limited to, the operator following proper handwashing requirements for staff and children, using sanitary diapering procedures, proper storage of garbage, having a supply of clean linens on hand so that linens can be changed whenever they become soiled or wet. 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.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Family child care home operators are not required to meet 15A NCAC 18A .2800, Sanitation of Child Care Centers; unless required by local zoning ordinances. However, as described above, family child care homes are required to meet child care requirements related to prevention and control of communicable diseases and immunizations.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NC DCDEE certifies that the rules related to the prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements are in effect and are enforced through monitoring.

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

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

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

10A NCAC 09 .1101, .1102, .1702, .1729, .2510

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Staff in religious sponsored programs operating under a Notice of Compliance that are not receiving child care subsidy are exempt from completing the health and safety training requirements; except for First Aid, CPR and ITS-SIDS within 90 days of employment.

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.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

A variety of methods are used to disseminate information regarding updates to health and safety practices and training. Information is posted on the lead agency's website under What's New and incorporated into other content areas on the website, as needed. E-news blasts are sent to child care facilities and partner agencies providing updates on health and safety practices, standards, and training opportunities. When rule changes occur, proposed rule language is posted on the website. The public is alerted through email notifications and a public comment period and hearing is

available for the public to submit written or oral comments. Once rules are adopted, the lead agency provides a summary of the rule changes and develops training modules available through Moodle (an e-learning Moodle platform). As a follow up to the training modules, consultants facilitate child care administrator and operator meetings to share in conversation and provide technical assistance regarding the updated information and the implementation plan. During visits to child care facilities, consultants share updates and document the information in their visit summary reports. CCR&R as well as NC Child Care Health and Safety Resource Center update their health and safety related trainings to include updated information about the child care rules. CCR&R Technical Assistant Specialists and NCPC Child Care Health Consultants are also notified of the updated information and include this information in their technical assistance.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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. The child care facility must develop, adopt, and comply with a written safe sleep policy that specifies caregivers must place infants aged 12 months or younger on their backs for sleeping, unless, for an infant aged six months or less, the facility receives a written waiver of this requirement from a health care professional; or for an infant older than six months of age, the facility receives a written waiver of this requirement from a health care professional, or a parent or legal guardian. Specific information must be included in the safe sleep policy to ensure safe sleep practices are implemented daily for sleeping infants. The child care facility must post a copy of its safe sleep policy about infant safe sleep practices in the infant room where it can be seen easily by parents and caregivers. A copy of the safe sleep policy must be given and explained to parents on or before the first day of enrollment. The parent must sign a statement acknowledging the receipt and explanation of the policy. If the facility amends the policy, it shall give

written notice of the amendment to the parents of all enrolled infants at least fourteen days before the amended policy is implemented. Caregivers must document visual sleep checks on infants. A safe sleep environment must be provided 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.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

In a family child care home, for children who are sleeping or napping, the operator shall not be required to visually supervise them but shall be able to hear and respond without delay to them. Children shall not sleep or nap in a room with a closed door between the children and the operator. The operator shall be on the same level of the home where children are sleeping or napping. The operator is required to document visual sleep checks for sleeping infants. An operator licensed to care for children overnight may sleep during the nighttime hours when all the children are asleep, provided: (1) the operator and the children in care, excluding the operator's own children, are on ground level; (2) the operator can hear and respond to the children; and (3) a battery operated smoke detector or an electrically operated (with a battery backup) smoke detector is located in each room where children are sleeping.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NC DCDEE certifies that the rules related to prevention of sudden infant death syndrome and use of safe sleep practices are in effect and enforced through monitoring.

GS 110-91(15), 10A NCAC 09 .0606, .1711, .1718, .1724., .1728

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

10A NCAC 09 .1101, .1102, .1702, .1729

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Staff in religious sponsored programs operating under a Notice of Compliance that are not receiving child care subsidy are exempt from completing the health and safety training requirements; except for First Aid, CPR and ITS-SIDS within 90 days of employment. Family child care operators are required to complete ITS-SIDS training prior to licensure. 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. In a child care center, at all times, one child care provider who has completed ITS-SIDS training shall be present in the infant room while children are in care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- ☐ Pre-Service
- ☑ Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- ☐ Yes
- ☑ No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

A variety of methods are used to disseminate information regarding updates to health and safety practices and training. Information is posted on the lead agency's website under " What's New" and incorporated into other content areas on the website, as needed. E-news blast are sent to child care facilities and partner agencies providing updates on health and safety practices, standards, and training opportunities. When rule changes occur, proposed rule language is posted on the website. The public is alerted through email notifications and a public comment period and hearing is available for the public to submit written or oral comments. Once rules are adopted,

the lead agency provides a summary of the rule changes and develops training modules available through Moodle (an e-learning Moodle platform). As a follow up to the training modules, consultants facilitate child care administrator and operator meetings to share in conversation and provide technical assistance regarding the updated information and the implementation plan. During visits to child care facilities, consultants share updates and document the information in their visit summary reports. CCR&R as well as NC Child Care Health and Safety Resource Center update their applicable health and safety trainings to include updated information about the child care rules. CCR&R Technical Assistant Specialists and NCPC Child Care Health Consultants are also notified of the updated information and include this information in their technical assistance.

5.3.3 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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 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. If medication is administered in error, whether administering the wrong dosage, giving to the wrong child, or giving the incorrect type of medicine, the child care facility must call 911, notify the administrator, contact the child's parent, observe the child, and document the medication error in writing.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

NA

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NC DCDEE certifies that the rules related to the administration of medication are in effect and enforced through monitoring.

GS 110-102.1A, 10A NCAC 09 .0302, .0304, .0801, .0803, .1720, .1721, .2318, .2408, .2409, .2510

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

10A NCAC 09 .1101, .1102, .1703, .1729

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Staff in religious sponsored programs operating under a Notice of Compliance that are not receiving child care subsidy are exempt from completing the health and safety training requirements; except for First Aid, CPR and ITS-SIDS within 90 days of employment. 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.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☐ Pre-Service

- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

A variety of methods are used to disseminate information regarding updates to health and safety practices and training. Information is posted on the lead agency's website under What's New and incorporated into other content areas on the website, as needed. E-news blasts are sent to child care facilities and partner agencies providing updates on health and safety practices, standards, and training opportunities. When rule changes occur, proposed rule language is posted on the website. The public is alerted through email notifications and a public comment period and hearing is available for the public to submit written or oral comments. Once rules are adopted, the lead agency provides a summary of the rule changes and develops training modules available through Moodle (an e-learning Moodle platform). As a follow up to the training modules, consultants facilitate child care administrator and operator meetings to share in conversation and provide technical assistance regarding the updated information and the implementation plan. During visits to child care facilities, consultants share updates and document the information in their visit summary reports. CCR&R as well as NC Child Care Health and Safety Resource Center update their applicable health and safety trainings to include updated information about the child care rules. CCR&R Technical Assistant Specialists and NCPC Child Care Health Consultants are also notified of the updated information and include this information in their technical assistance.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Each child in care must have an individual application for enrollment completed and signed by the child's parent or guardian. Emergency medical information must specify if the child has any allergies and the symptoms and type of response required for allergic reactions. For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be completed and attached to the application. The medical action plan must include a list of the diagnoses including dietary, environmental, and activity considerations that are application; contact information for the child's health care professional(s); medications to be administered on a scheduled basis; and medications to be administered on an emergency basis with symptoms and instructions. The medical action plan must be updated on an annual basis and when changes to the plan are made by the child's parent or health care professional. Children's special diets or food allergies must be posted in the food preparation area and in the child's eating area.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

NA

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NC DCDEE certifies that the rules related to the prevention and response to emergencies due to food and allergic reactions are in effect and are enforced through monitoring.

GS 110-91(1), GS 110-91(9), GS 110-102.1A, 10A NCAC 09 .0302, .0304, .0607, .0801, .0802, .0803, .0901, .1713, .1714, .1719, .1721, .2318, .2408, .2502

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

10A NCAC 09 .1101,.1102,.1703, .1729

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

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.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- ☐ Pre-Service
- ☑ Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- ☐ Yes
- ☑ No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

A variety of methods are used to disseminate information regarding updates to health and safety practices and training. Information is posted on the lead agency's website under What's New and incorporated into other content areas on the website, as needed. E-news blasts are sent to child care facilities and partner agencies providing updates on health and safety practices, standards, and training opportunities. When rule changes occur, proposed rule language is posted on the website. The public is alerted through email notifications and a public comment period and hearing is available for the public to submit written or oral comments. Once rules are adopted, the lead agency provides a summary of the rule changes and develops training modules available through Moodle (an e-learning Moodle platform). As a follow up to

the training modules, consultants facilitate child care administrator and operator meetings to share in conversation and provide technical assistance regarding the updated information and the implementation plan. During visits to child care facilities, consultants share updates and document the information in their visit summary reports. CCR&R as well as NC Child Care Health and Safety Resource Center update their applicable health and safety trainings to include updated information about the child care rules. CCR&R Technical Assistant Specialists and NCPC Child Care Health Consultants are also notified of the updated information and include this information in their technical assistance.

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

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All child care facilities must comply with all State laws and federal laws and local ordinances that pertain to child health, safety, and welfare. Each child care facility shall be located in an area which is free from conditions which are considered hazardous to the physical and moral welfare of the children in care. Each child care facility shall be located in a building which meets the appropriate requirements of the North Carolina Building Code under standards which shall be developed by the Building Code Council, including facilities operated in a private residence. Each child care facility shall be located in a building that meets appropriate requirements for fire prevention and safe evacuation. 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 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 include ensuring a pool located on the premises is enclosed by a fence that is at least four feet high. In a child care center, at least one staff member must complete training in playground safety. Monthly playground safety inspections must be completed.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

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 comply with building, fire, and sanitation requirements that are monitored by child care consultants as part of the pre-licensing and annual compliance monitoring visits. Family child care homes/in-home care providers 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.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NC DCDEE certifies that the Child Care Rules related to building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic are in effect and enorced through monitoring.

General Statute 110 (91) (1), (3), (4), (5), (6), 10A NCAC 09 .0302, .0304, .0601, .0604, .0605, .1000, .1403, .1702, .1707, .1719, .1723, .1730

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

10A NCAC 09 .1101, .1102, .1703, .1729, .2510

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

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.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

A variety of methods are used to disseminate information regarding updates to health and safety practices and training. Information is posted on the lead agency's website under What's New and incorporated into other content areas on the website, as needed. E-news blasts are sent to child care facilities and partner agencies providing updates on health and safety practices, standards, and training opportunities. When

rule changes occur, proposed rule language is posted on the website. The public is alerted through email notifications and a public comment period and hearing is available for the public to submit written or oral comments. Once rules are adopted, the lead agency provides a summary of the rule changes and develops training modules available through Moodle (an e-learning Moodle platform). As a follow up to the training modules, consultants facilitate child care administrator and operator meetings to share in conversation and provide technical assistance regarding the updated information and the implementation plan. During visits to child care facilities, consultants share updates and document the information in their visit summary reports. CCR&R as well as NC Child Care Health and Safety Resource Center update their applicable health and safety trainings to include updated information about the child care rules. CCR&R Technical Assistant Specialists and NCPC Child Care Health Consultants are also notified of the updated information and include this information in their technical assistance.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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.

By law, any person who has cause to suspect that a child in a child care facility has been maltreated, as defined by G.S. 110-105.3, or has died as the result of

maltreatment occurring in a child care facility, shall report the case of that child to the Department. 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. Each child care facility must have written policies that describe the operation of the facility and the services that are available to parents and their children. Written operational and personnel policies must include procedures for reporting suspected child maltreatment and the discipline policy for behavior management. No child shall be subjected to any form of corporal punishment. Each child care facility is required to develop discipline policies and provide a copy of and explain the discipline practices to each child's parent at the time of enrollment.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

The use of corporal punishment as a form of discipline is prohibited in child care facilities and may not be used by any operator or staff member of any child care facility, except that corporal punishment may be used in religious sponsored child care facilities as defined in G.S. 110-106, only if (i) the religious sponsored child care facility files with the Department a notice stating that corporal punishment is part of the religious training of its program, and (ii) the religious sponsored child care facility clearly states in its written policy of discipline that corporal punishment is part of the religious training of its program.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NC DCDEE certifies that the Child Care Rules related to prevention of shaken baby syndrome, abusive head trauma, and child maltreatment are in effect and enforced through monitoring.

GS 110-91(10), 110-105.4, 10A NCAC 09 .0514, .0608, .1711, .1715, .1722, .1726, .1727, .1801, .1802, .1803, .1804, .2102, .2506

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

10A NCAC 09 .1101, .1102, .1703, .1729

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

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.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

A variety of methods are used to disseminate information regarding updates to health and safety practices and training. Information is posted on the lead agency's website under What's New and incorporated into other content areas on the website, as needed. E-news blasts are sent to child care facilities and partner agencies providing updates on health and safety practices, standards, and training opportunities. When rule changes occur, proposed rule language is posted on the website. The public is alerted through email notifications and a public comment period and hearing is

available for the public to submit written or oral comments. Once rules are adopted, the lead agency provides a summary of the rule changes and develops training modules available through Moodle (an e-learning Moodle platform). As a follow up to the training modules, consultants facilitate child care administrator and operator meetings to share in conversation and provide technical assistance regarding the updated information and the implementation plan. During visits to child care facilities, consultants share updates and document the information in their visit summary reports. CCR&R as well as NC Child Care Health and Safety Resource Center update their applicable health and safety trainings to include updated information about the child care rules. CCR&R Technical Assistant Specialists and NCPC Child Care Health Consultants are also notified of the updated information and include this information in their technical assistance.

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Child care centers, family child care homes and in-home care 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, communicating with parents and emergency personnel, the relocation and reunification process, 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.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

NA

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NC DCDEE certifies that the Child Care Rules related to emergency preparedness and response are in effect and enforced through monitoring.

10A NCAC 09 .0302, .0304, .0604, .0607, .1702, .1714, .1721

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

10A NCAC 09 .0607, .1101, .1102, .1703, .1714, .1729, .2510

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

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.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

A variety of methods are used to disseminate information regarding updates to health and safety practices and training. Information is posted on the lead agency's website under " What's New" and incorporated into other content areas on the website, as needed. E-news blasts are sent to child care facilities and partner agencies providing updates on health and safety practices, standards, and training opportunities. When rule changes occur, proposed rule language is posted on the website. The public is alerted through email notifications and a public comment period and hearing is available for the public to submit written or oral comments. Once rules are adopted, the lead agency provides a summary of the rule changes and develops training modules available through Moodle (an e-learning Moodle platform). As a follow up to the training modules, consultants facilitate child care administrator and operator meetings to share in conversation and provide technical assistance regarding the updated information and the implementation plan. During visits to child care facilities, consultants share updates and document the information in their visit summary reports. CCR&R as well as NC Child Care Health and Safety Resource Center update their applicable health and safety trainings to include updated information about the child care rules. CCR&R Technical Assistant Specialists and NCPC Child Care Health Consultants are also notified of the updated information and include this information in their technical assistance.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

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

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

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.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NC DCDEE certifies that the Child Care Rules related to handling and storage of hazardous materials and the appropriate disposal of bio-contaminants are in effect and enforced through monitoring.

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

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

10A NCAC 09 .1101, .1102, .1703, .1729, .2510

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

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.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- ☐ Pre-Service
- ☑ Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- ☐ Yes
- ☑ No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

A variety of methods are used to disseminate information regarding updates to health and safety practices and training. Information is posted on the lead agency's website under What's New and incorporated into other content areas on the website, as needed. E-news blasts are sent to child care facilities and partner agencies providing updates on health and safety practices, standards, and training opportunities. When rule changes occur, proposed rule language is posted on the website. The public is alerted through email notifications and a public comment period and hearing is available for the public to submit written or oral comments. Once rules are adopted, the lead agency provides a summary of the rule changes and develops training modules available through Moodle (an e-learning Moodle platform). As a follow up to the training modules, consultants facilitate child care administrator and operator meetings to share in conversation and provide technical assistance regarding the updated information and the implementation plan. During visits to child care facilities,

consultants share updates and document the information in their visit summary reports. CCR&R as well as NC Child Care Health and Safety Resource Center update their applicable health and safety trainings to include updated information about the child care rules. CCR&R Technical Assistant Specialists and NCPC Child Care Health Consultants are also notified of the updated information and include this information in their technical assistance.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Transportation standards are included in the child care requirements for child care centers, and family child care homes. Each adult and child must be restrained with an individual seat belt or child safety seat appropriate to the child's age or weight. Vehicles must be free of hazards, comply with federal and state transportation laws, and the vehicle must be insured for liability. The child care facility must establish procedures for pick-up and delivery of children to ensure children are protected from danger and not exposed to risk of harm. A First Aid kit and fire extinguisher must be on the vehicle. For each child being transported, identifying information must be in the vehicle. Prior to transporting children, written permission from a parent must be obtained that includes when and where the child is to be transported, expected time of departure and arrival, and the transportation provider. Vehicles must have a functioning cellular telephone or other two-way voice communication device. There are specific driver qualifications that must be met. For child care centers, there are specific staff/child ratios depending on ages of children being transported. There are specific requirements related to off premise activities which includes obtaining written permission from a parent, posting a schedule of the activity, and maintaining a list of the children participating in off premise activities. When transportation is provided, child care facilities must include information about the transportation services provided in their operational policies that must be shared with parents upon enrollment and when changes occur.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

For child care centers there are specific staff/child ratios: (a) 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. The driver may be counted in the staff/child ratio. (b) 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 for children under age two shall be maintained. The driver shall not be counted in the staff/child ratio. (c) 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. The driver may be counted in the staff/child ratio.

For family child care homes, a written plan of care is required if the operator intends to complete routine tasks while children are in care. The plan of care must specify how the operator shall maintain compliance with transportation requirements if children are transported.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NC DCDEE certifies that the Child Care Rules related to transporting children are in effect and enforced by monitoring.

General Statute 110-91(13), 10A NCAC 09 .0514, .1001, .1002, .1003, 1004, .1005, .1403, .1712, .1715, .1723, .1730, .2510

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

10A NCAC 09 .1101, .1102, .1703, .1729, .2510

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

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.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- ☐ Pre-Service
- ☑ Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- ☐ Yes
- ☑ No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

A variety of methods are used to disseminate information regarding updates to health and safety practices and training. Information is posted on the lead agency's website under What's New and incorporated into other content areas on the website, as needed. E-news blasts are sent to child care facilities and partner agencies providing updates on health and safety practices, standards, and training opportunities. When rule changes occur, proposed rule language is posted on the website. The public is alerted through email notifications and a public comment period and hearing is available for the public to submit written or oral comments. Once rules are adopted, the lead agency provides a summary of the rule changes and develops training modules available through Moodle (an e-learning Moodle platform). As a follow up to the training modules, consultants facilitate child care administrator and operator meetings to share in conversation and provide technical assistance regarding the updated information and the implementation plan. During visits to child care facilities, consultants share updates and document the information in their visit summary

reports. CCR&R as well as NC Child Care Health and Safety Resource Center update their applicable health and safety trainings to include updated information about the child care rules. CCR&R Technical Assistant Specialists and NCPC Child Care Health Consultants are also notified of the updated information and include this information in their technical assistance.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All staff who provide direct care on site or accompany children when they are off premises must successfully complete certification in First Aid and cardiopulmonary resuscitation (CPR) course appropriate to the ages of children in care. A First Aid kit shall be available on site and accessible to staff. Each staff member shall be aware of the location of the First Aid kit. Child care centers and family child care homes must have a written emergency medical care plan that outlines steps to follow in the event of a child medical emergency. This plan shall give the procedures to be followed to ensure that any child who becomes ill or is injured and requires medical attention while in care at the center receives appropriate medical attention. A First Aid information sheet shall be posted in a place for referral. The information sheet shall include first aid guidance regarding burns, scalds, fractures, sprains, head injuries, poisons, skin wounds, stings and bites.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

NA

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NC DCDEE certifies that the Child Care Rules related to pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) are in effect and enforced through monitoring..
10A NCAC 09 .0604, .0802, .1003, .1102, .1702, .1703, .1719, .1721, .1723, .1729, .2506, .2510

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

10A NCAC 09 .1101, .1102, .1703, .1729, .2510

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Family child care home operators are required to complete First Aid and CPR certification prior to licensure. 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. In child care facilities, at all times when children are in care at least one staff member present must have successfully completed First Aid and CPR training, as evidenced by a certificate or card from an approved training organization.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [ ] Pre-Service
- [x] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are

able to maintain and update the health and safety practices as described in the standards above.

A variety of methods are used to disseminate information regarding updates to health and safety practices and training. Information is posted on the lead agency's website under What's New and incorporated into other content areas on the website, as needed. E-news blasts are sent to child care facilities and partner agencies providing updates on health and safety practices, standards, and training opportunities. When rule changes occur, proposed rule language is posted on the website. The public is alerted through email notifications and a public comment period and hearing is available for the public to submit written or oral comments. Once rules are adopted, the lead agency provides a summary of the rule changes and develops training modules available through Moodle (an e-learning Moodle platform). As a follow up to the training modules, consultants facilitate child care administrator and operator meetings to share in conversation and provide technical assistance regarding the updated information and the implementation plan. During visits to child care facilities, consultants share updates and document the information in their visit summary reports. CCR&R as well as NC Child Care Health and Safety Resource Center update their applicable health and safety trainings to include updated information about the child care rules. CCR&R Technical Assistant Specialists and NCPC Child Care Health Consultants are also notified of the updated information and include this information in their technical assistance.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The Child Care Law 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. The Child Care Law outlines the duty to report child maltreatment and the authority to investigate instances of child maltreatment in child care facilities. New staff orientation must include information regarding recognizing, responding to, and reporting child abuse, neglect, or maltreatment pursuant to G.S. 110-105.4 and G.S. 7B-301 and information regarding prevention of shaken baby syndrome and abusive head trauma and child maltreatment.

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.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

NA

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

NC DCDEE certifies that the Child Care Rules related to recognition and reporting of child abuse and neglect are in effect and enforced through monitoring.

GS 110-105.3, GS 110-105.4, GS 110-105.5, GS 110-105.6, G.S. 7B-301, 10A NCAC 09 .1101, .1102, .1703, .1729, .2510

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

10A NCAC 09 .1101, .1102, .1703, .1729, .2510

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

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.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- ☐ Pre-Service
- ☑ Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- ☐ Yes
- ☑ No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

A variety of methods are used to disseminate information regarding updates to health and safety practices and training. Information is posted on the lead agency's website under What's New and incorporated into other content areas on the website, as needed. E-news blasts are sent to child care facilities and partner agencies providing updates on health and safety practices, standards, and training opportunities. When rule changes occur, proposed rule language is posted on the website. The public is alerted through email notifications and a public comment period and hearing is available for the public to submit written or oral comments. Once rules are adopted, the lead agency provides a summary of the rule changes and develops training modules available through Moodle (an e-learning Moodle platform). As a follow up to the training modules, consultants facilitate child care administrator and operator meetings to share in conversation and provide technical assistance regarding the updated information and the implementation plan. During visits to child care facilities,

consultants share updates and document the information in their visit summary reports. CCR&R as well as NC Child Care Health and Safety Resource Center update their applicable health and safety trainings to include updated information about the child care rules. CCR&R Technical Assistant Specialists and NCPC Child Care Health Consultants are also notified of the updated information and include this information in their technical assistance.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

NA

ii. Please enter 'NA' below

NA

iii. Please enter 'NA' below

NA

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

The child care law requires Child care center administrators to complete the North Carolina Early Childhood Administration Credential, or its equivalent, and for lead teachers to complete the North Carolina Early Childhood Credential, or its equivalent. This college course introduces the foundations of early childhood education, the

diverse educational settings for young children, professionalism and planning intentional developmentally appropriate experiences for each child. Child care centers and family child care homes are required to develop written activity plans that include activities intended to stimulate the developmental domains (emotional and social development, health and physical development, approaches to play and learning, language development and communication, and cognitive development) in accordance with the North Carolina Foundations for Early Learning and Development. Child care law requires standards for on-going staff development for facilities include at a minimum the following topic areas: (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. The child care requirements outline continuing education and professional development requirements which includes orientation, health and safety training in specific topic areas, and annual requirements for on-going staff development appropriate to job responsibilities. In addition, center administrators, family child care home operators, and staff members are required to complete a professional development plan within one year of employment and review the plan annually. The plan documents the individual's professional development goals; must be appropriate for the ages of children in care; include the 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.
Citations include: General Statute 110-91(8), 110-91(11), 10 NCAC 09 .0508, .0510, .0704, .0710, .1101, .1102, .1103, .1104, .1106, .1718

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
Staff members working in religious sponsored programs operating under a Notice of Compliance are exempt from completing coursework prior to employment and on-going training and professional development related to child development. Family child care home operators are not required to obtain the North Carolina Early Childhood

Credential; however, many operators do complete this credential as part of their star rated license assessment and ongoing professional development.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- [x] Pre-Service
- [ ] Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

A variety of methods are used to disseminate information regarding updates to health and safety practices and training. Information is posted on the lead agency's website under What's New and incorporated into other content areas on the website, as needed. E-news blasts are sent to child care facilities and partner agencies providing updates on health and safety practices, standards, and training opportunities. When rule changes occur, proposed rule language is posted on the website. The public is alerted through email notifications and a public comment period and hearing is available for the public to submit written or oral comments. Once rules are adopted, the lead agency provides a summary of the rule changes and develops training modules available through Moodle (an e-learning Moodle platform). As a follow up to the training modules, consultants facilitate child care administrator and operator meetings to share in conversation and provide technical assistance regarding the updated information and the implementation plan. During visits to child care facilities, consultants share updates and document the information in their visit summary reports. CCR&R as well as NC Child Care Health and Safety Resource Center update their applicable health and safety trainings to include updated information about the child care rules. CCR&R Technical Assistant Specialists and NCPC Child Care Health Consultants are also notified of the updated information and include this information in

their technical assistance.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

Child care center administrators and staff members must complete health and safety training for each required topic area within one year of employment. After the first year of employment, the child care administrator and any staff who have responsibility for planning and supervising a child care center, and staff who work with children, shall participate in on-going training activities annually. Annual on-going training hours are from five to twenty clock hours depending on the individual's education and experience. Health and safety training shall be completed as part of the on-going training so that every five years, all of the topic areas will be covered. Any staff working less than forty hours per week may prorate the required training hours based on the number of working hours per week (required clock hours range from five to twenty hours).

b. License-exempt child care centers:

Religious sponsored programs operating with a Notice of Compliance and receiving CCDF subsidy must complete health and safety training for each required topic area within one year of employment. Health and safety training shall be completed as part of the on-going training so that every five years, all of the topic areas will be covered. Non-CCDF religious sponsored child care programs operating with a Notice of Compliance are exempt from on-going training requirements; except for completion of CPR, FA, and IT-SIDS (if applicable).

c. Licensed family child care homes:

Family child care home operators and staff members must complete health and safety training for each required topic area within one year of employment. After the first year of employment, the operator and staff members shall participate in on-going training activities annually. Annual on-going training hours are from five to twenty clock hours depending on the individual's education and experience. Health and safety training shall be completed as part of the on-going training so that every five years, all of the topic

areas will be covered. Any staff member working less than forty hours per week may prorate the required training hours based on the number of working hours per week (required clock hours range from five to twenty hours).

d. License-exempt family child care homes:

Religious sponsored programs operating with a Notice of Compliance and receiving CCDF subsidy must complete health and safety training for each required topic area within one year of employment. Health and safety training shall be completed as part of the on-going training so that every five years, all of the topic areas will be covered. Non-CCDF religious sponsored child care programs operating with a Notice of Compliance are exempt from on-going training requirements; except for completion of CPR, FA, and IT-SIDS (if applicable).

e.Regulated or registered In-home child care:

An in-home child care operator must complete health and safety training for each required topic area within one year of employment. After the first year of employment, the operator shall participate in on-going training activities annually. Annual on-going training hours are from five to twenty clock hours depending on the operator's education and experience. Health and safety training shall be completed as part of the on-going training so that every five years, all of the topic areas will be covered.

f. Non-regulated or registered in-home child care:

NA

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

☑ a. Nutrition:

Describe:

Child care facilities must ensure food and beverages provided are nutritious and align with children's developmental needs. Meals and snacks served to children in child care must comply with the Meal Patterns for Children in Child Care Programs from the

United States Department of Agriculture. The types of food, number and size of servings must be appropriate for the ages and developmental level of children in care. Staff must role model appropriate eating behaviors by consuming only food or beverages that meet the nutritional requirements in the presence of children in care. Parents shall be allowed to provide breast milk for their children. Accommodations for breastfeeding mothers shall 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 which may be used by mothers while they are breastfeeding or expressing milk. The parent or health care provider of each child under fifteen months of age shall provide the center an individual written feeding plan for the child. Training on the topic area of nutrition is optional, however, training is available. NC General Statute 110-91(2), 10A NCAC 09 .0901, .0902, .0903, .1706

☑ b. Access to physical activity:

Describe:

Child care facilities must develop an activity plan with activities intended to stimulate developmental domains including health and physical development and include time for daily gross motor activity. Outdoor time is required daily as weather conditions permit. Developmentally appropriate materials and equipment shall be provided indoors and outdoors and provide a variety of play experiences that promote the children's emotional and social development, health and physical development, approaches to play and learning, language development, and communication and cognitive development. For child care centers, one staff member must complete training in playground safety. This training shall address playground safety hazards, playground supervision, maintenance and general upkeep of the outdoor learning environment, and age and developmentally appropriate playground materials and equipment. Completion of playground safety training shall be included in the number of hours needed to meet annual on-going training requirements. Staff counted to comply with this requirement shall have six months from the date of employment, or from the date a vacancy occurs, to complete the required safety training. 10A NCAC 09 .0508, .0509, .0510, .1102, .1718

☐ c. Caring for children with special needs:

Describe:

NA

☑ d. Any other areas determined necessary to promote child development or to protect childrens health and safety (98.44(b)(1)(iii)).

Describe:

Staff who are responsible for administering, planning and implementing daily activities of a school-age program, and/or supervising groups of school-age children must complete Basic School-Age Care (BSAC) training. 10A NCAC 09 .2502, .2510

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

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 NC DCDEE 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, complaint investigation visits, and routine monitoring visits each year.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

The agency developed a health and safety training record to assist providers in tracking the initial health and safety training requirement and the on-going requirement over the course of five years. This record lists the topic areas and has space to note the initial date they received the training, hours received, and five additional spaces to track five years of training. Each year during the monitoring visit, the child care consultant reviews this document and staff files to ensure compliance with the health and safety training requirements.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local 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.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for

compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

Potential child care operators must complete a two-day, child care center specific, 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 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 a star rated 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 by child care consultants during pre-licensing inspections/visits.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

Each year, two unannounced monitoring visits are completed to monitor health, safety, and other applicable child care requirements. In addition, centers have annual fire and sanitation inspections conducted by other agencies.

iii. Identify the frequency of unannounced inspections:

- [ ] A. Once a year
- [x] B. More than once a year

Describe:

In addition to annual monitoring visits, child care consultants conduct routine unannounced visits each year.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

NA

v. 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; .0301

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

Potential family child care home operators must complete a one-day pre-licensing, family child care home specific, 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 to ensure programs meet health, safety, and fire requirements. This includes being equipped with appropriate smoke detectors and fire extinguishers and children being cared for on the ground level with an exit at grade.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

In accordance with 10A NCAC 09 .1709, the agency shall make at least one unannounced visit annually to ensure compliance with the health, safety, and other applicable child care requirements and 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. Annual fire and sanitation inspections may be required by local ordinances. Child care consultants inspect 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.

iii. Identify the frequency of unannounced inspections:

- [ ] A. Once a year
- [x] B. More than once a year

Describe:

In addition to annual monitoring visits, child care consultants conduct routine unannounced visits each year.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

NA

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

General Statute 110-85, 110-105, 110-106, 10A NCAC 09 .1707, .1709

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the childs own home)?

☐ No (Skip to 5.4.3 (a)).

☑ Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

Potential in-home child care 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 in-home child care. Child Care Consultants inspect 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.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

In accordance with 10A NCAC 09 .1709, the agency shall make at least one unannounced visit annually to ensure compliance with the health, safety, and other applicable child care requirements and 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. Annual fire and sanitation inspections may be required by local ordinances. Child Care Consultants inspect 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.

C. Identify the frequency of unannounced inspections:

- ☐ 1. Once a year
- ☑ 2. More than once a year

Describe:

In addition to annual monitoring visits, child care consultants conduct routine unannounced visits each year.

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

NA

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

GS 110-85, GS 110-105, GS 110-106, 10A NCAC 09 .1707, .1709

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

NC DCDEE, North Carolina Department of Insurance (building and fire inspections), North Carolina Division of Public Health/Environmental Health Branch and local health departments (sanitation inspections), and city/county zoning offices.

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

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 staff qualifications, 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.

Department of Defense (DoD) certified child care facilities are exempt 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 United States 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 monitors their own programs.

i. 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, .0301,.0302,.0304, .1702, .1708, .1709, .2101

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.

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 staff qualifications, 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. 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.

Department of Defense (DoD) certified child care facilities are exempt 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 United States 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 monitors their own programs.

i. Provide the citation(s) for this policy or procedure

GS 110-85, GS 110-105, GS 110-106, GS 110-106.210A NCAC 09 .1707, .1709

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

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 staff qualifications, 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. 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 would inspect license-exempt in-home care 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.

DoD-certified child care facilities are exempt 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 United States DoD certified by the DoD. DoD certified child care facilities must file with NC 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 monitors their own programs.

b. 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, .0301,.0302,.0304, .1702, .1708, .1709, .2101

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

NC DCDEE, North Carolina Department of Insurance (building and fire inspections), North Carolina Division of Public Health/Environmental Health Branch and local health departments (sanitation inspections), and city/county zoning offices.

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training

appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the states licensure requirements (658E(c)(2)(K)(i)(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

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 supervisors.

a.>

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

Child care consultants receive training on health and safety requirements appropriate to the ages of children in care and the type of provider settings through Basic Job Skills Training. Additionally, during their orientation, they complete training on the required health and safety topics through Moodle. Supervisors confirm and track their completion of orientation and Basic Job Skills training. As changes to requirements occur, child care consultants receive training at regional meetings, team meetings, and through online training modules.

c. Provide the citation(s) for this policy or procedure.

Regulatory Services Child Care Consultant Procedures Manual Chapter 13: Office Management and Regulatory Services Child Care Licensing and Investigation Supervisors Procedures Manual Chapter 7: Training.

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

As of January 2021, there are a total of 5,668 licensed child care facilities and 111 child care consultants. The caseload averages 50-60 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 50-60 facilities per child care consultant is based on the total number of consultants and licensed child care facilities. NC DCDEE bases its practices on successful practices of other states and recommendations from the National Association 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.

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

☑ Licensed, regulated, or registered child care providers

Citation:

North Carolina General Statute 110-90.2; 10A NCAC 09.2703

☑ All other providers eligible to deliver CCDF Services

Citation:

North Carolina General Statute 110-90.2; 10A NCAC 09.2703

ii. Sex offender registry or repository check in the current state of residency

☑ Licensed, regulated, or registered child care providers

Citation:

10A NCAC 09.2703

☑ All other providers eligible to deliver CCDF Services

Citation:

10A NCAC 09.2703

iii. Child abuse and neglect registry and database check in the current state of residency

☑ Licensed, regulated, or registered child care providers

Citation:

North Carolina General Statute 110-90.2; 10A NCAC 09.2703

☑ All other providers eligible to deliver CCDF Services

Citation:

North Carolina General Statute 110-90.2; 10A NCAC 09.2703

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for
all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services
(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

☑ Licensed, regulated, or registered child care providers

Citation:

North Carolina General Statute 110-90.2; 10A NCAC 09.2703

☑ All other providers eligible to deliver CCDF Services

Citation:

North Carolina General Statute 110-90.2; 10A NCAC 09.2703

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

☑ Licensed, regulated, or registered child care providers

Citation:

North Carolina General Statute 110-90.2; 10A NCAC 09.2703

☑ All other providers eligible to deliver CCDF Services

Citation:

North Carolina General Statute 110-90.2; 10A NCAC 09.2703

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for
all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services
(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

☑ Licensed, regulated, or registered child care providers

Citation:

10A NCAC 09.2703

☑ All other providers eligible to deliver CCDF Services

Citation:

10A NCAC 09.2703

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

☑ Licensed, regulated, or registered child care providers

Citation:

10A NCAC 09.2703

☑ All other providers eligible to deliver CCDF Services

Citation:

10A NCAC 09.2703

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

☑ Licensed, regulated, or registered child care providers

Citation:

10A NCAC 09.2703

☑ All other providers eligible to deliver CCDF Services

Citation:

10A NCAC 09.2703

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

The 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 North Carolina a FCCH or center located in a residence, working as a substitute in a child care facility, or 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 NC DSS Responsible Individuals List (RIL) database or the NC 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.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

North Carolina charges $26.50 to providers for a background check. Of this, $24.00 covers the cost of fingerprinting by the North Carolina State Bureau of Investigation. However, North Carolina does not charge an additional fee for the infrastructure processing of the criminal background process. The remainder is a convenience fee charged by the merchant service provider. North Carolina does not charge for interstate background checks.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of

the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agencys policy:

Prospective staff members provide out-of-state address information during the application process. Lead child care agency staff assist applicants in obtaining certification documentation to ensure requests are sent to inter-state background check agencies. Once fingerprint results are received and all in-state background check components are completed, prospective staff members are issued a Provisional Qualification, that is valid for up to 180 days from the date of issuance. This allows staff members to work in a licensed child care facility while under supervision by someone who has a full qualification until all interstate background checks are received. 10A NCAC 09.2703

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

Prospective staff members provide out of state address information during the application process. Lead child care agency staff assist applicants in obtaining certification documentation to ensure requests are sent to interstate background check agencies. This involves providing interstate background check procedures and contact information to prospective providers and then making regular contact with prospective staff members to ensure they are following up with interstate background check agencies and providing the results to the Lead Child Care Agency.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

North Carolina General Statute 110-90.2(b) requires that prior to employment and every three years thereafter, childcare providers shall obtain a background check and a determination is made of the child care provider's fitness to have responsibility for the safety and well-being of children.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

Providers link themselves to child care facilities as they begin work and update their end date when ending employment or transferring. Providers can also submit a Change of Information form to DCDEE to link new employees to their facility. However, the lead child care agency is currently developing a technology solution that will capture the 180 day requirement to be implemented by the end of calendar year 2021. Following this, child care rule will be amended to reflect this change.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

https://ncchildcarecbc.nc.gov

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

-- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components

-- How the Lead Agency is informed of the results of each background check component

-- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.

-- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

Prospective staff members make application in an electronic portal, provided by the North Carolina Division of Child Development and Early Education. The electronic portal conducts several registry checks during the application; the North Carolina Sex Offender Registry, the North Carolina Responsible Individual List via the North Carolina Division of Social Services and the North Carolina Child Maltreatment Registry. Prospective staff members then obtain a fingerprint-based check, which checks state and national criminal databases and the name-based NCIC NSOR check via the North Carolina State Bureau of Investigation. Additionally, the North Carolina Division of Child Development and Early Education conducts name-based checks of the North Carolina Administrative Office of the Courts (AOC) to check the State of North Carolina criminal database. Determinations are made using the Criminal Background Check Review Policy: https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CBC_Review_Policy_7-2019.pdf?ver=2019-07-01-075034-620 and a Qualification Letter is issued via the electronic portal, which is password-protected. The Division of Child Development and Early Education makes regular inquiries with the North Carolina State Bureau of Investigation regarding the results of the fingerprint-based checks to ensure results are received within 45 days.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

NA All prospective staff members undergo a national background check.

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

Prospective staff members provide out of state address information during the application process. Lead child care agency staff assist applicants in obtaining certification documentation to ensure requests are sent to interstate background check agencies. This involves assigning case manager to provide interstate background check

procedures and contact information to prospective providers and then making regular contact with prospective staff members to ensure they are following up with interstate background check agencies and providing the results to NC DCDEE. These contacts are made at least monthly and case managers are available to assist prospective child care staff members and answer questions as needed.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

Prospective staff members provide out of state address information during the application process. Lead child care agency staff assist applicants in obtaining certification documentation to ensure requests are sent to interstate background check agencies. Once fingerprint results are received and all in-state background check components are completed, prospective staff members are issued a Provisional Qualification, that is valid for up to 180 days from the date of issuance. This allows staff members to work in a licensed child care facility while under supervision by someone who has a full qualification until all interstate background checks are received.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

Prospective staff members provide out of state address information during the application process. Lead child care agency staff assist applicants in obtaining certification documentation to ensure requests are sent to interstate background check agencies. Prospective staff members must obtain interstate background checks in the state they reside in as well as all of the background checks required by North Carolina.

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: https://www.fbi.gov/services/cjis/compact-

council. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: https://www.fbi.gov/services/cjis/compact-council/maps. Is your state or territory a Compact State?

- [ ] No
- [x] Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: https://www.fbi.gov/services/cjis/compact-council/maps. Is your state or territory an NFF State?

- [ ] No
- [x] Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

North Carolina requires that other states complete a form that is located on the Division website and submit to the Criminal Background Check Unit (CBCU) at no cost. 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 will work.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

North Carolina requires that other states complete a form that is located on the Division website and submit to the Criminal Background Check Unit (CBCU) at no cost. 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 will work.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

North Carolina requires that other states complete a form that is located on the Division website and submit to the Criminal Background Check Unit (CBCU) at no cost. 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 will work.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- [x] i. Agency Name
- [x] ii. Address
- [x] iii. Phone Number
- [x] iv. Email

- ☑ v. FAX
- ☑ vi. Website
- ☑ vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- ☑ viii. Forms
- ☑ ix. Fees
- ☑ x. Is the state a National Fingerprint File (NFF) state?
- ☑ xi. Is the state a National Crime Prevention and Privacy Compact State?
- ☑ xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

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

b. Interstate Sex Offender Registry (SOR) Check:

- ☑ i. Agency Name
- ☑ ii. Address
- ☑ iii. Phone Number
- ☑ iv. Email
- ☑ v. FAX
- ☑ vi. Website
- ☑ vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- ☑ viii Forms
- ☑ ix. Fees
- ☑ Direct URL/website link to where this information is posted.

Enter direct URL/website link:

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

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- ☑ i. Agency Name
- ☑ ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- ☑ iii. Address
- ☑ iv. Phone Number
- ☑ v. Email
- ☑ vi. FAX
- ☑ vii. Website
- ☑ viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- ☑ ix. Forms
- ☑ x. Fees
- ☑ xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- ☑ xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

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

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

☐ No

☑ Yes.

If yes, describe other disqualifying crimes and provide the citation:

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 that an expedited review is required to prevent an individual that is charged or convicted of the following from caring for children:

•A person charged, pending indictment or convicted of abusing or neglecting an elderly person

•The provider has a pending charge or conviction of assaulting a government official, employee, or peace officer. • The provider has a pending charge or conviction of an assault charge involving a weapon, such as Assault with a Deadly Weapon, Assault with Deadly Weapon with Intent to Kill, Assault with Deadly Weapon Inflicting Serious Injury, or Assault with a Deadly Weapon with Intent to Kill Inflicting Serious Injury.

•The provider has been charged or convicted of being a Habitual Felon as defined by N.C.G.S. 14-7.1oIndividuals charged or convicted of harboring escaped felons or fugitives. • Individuals charged or convicted of operating illegal child care facilities.

•Individuals charged or convicted of voluntary or involuntary manslaughter.

•Individuals charged or convicted of terrorism.

•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:

oDCDEE has received information that a child care provider is an excessive user

alcohol, illegally uses narcotics or other impairing drugs, or is mentally or emotionally impaired; oThe provider has a pending misdemeanor drug related offense;
oThe provider has been convicted of a misdemeanor drug related offense within the last 3 years; or
oThe provider has two (2) or more DWI convictions and/or pending charges of DWI within the past three years The entire CBC Review Policy is published at N.C.G.S. § 110-90.2 and 42 U.S.C. § 9858, et seq
https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/CBC_Review_Policy_7-2019.pdf?ver=2019-07-01-075034-620

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

Prospective child care providers make application in an electronic portal which requires a NCID (North Carolina Identity Management) username and password. Once the lead agency makes a determination, those results are published to this electronic portal which are then retrieved by the same username and password. The applicant can then share these results with the employing facility. Prospective child care providers that have difficulty accessing the electronic portal, they are able to contact the Criminal Background Check Unit by telephone to assist in obtaining this information.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4).

NC DCDEE reviews all applications by prospective child care providers. Applicants that have disqualifying crimes in violation of 98.43 are disqualified. Individuals have the right to appeal disqualifications through the Office of Administrative Hearings.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and **may** have different appeal processes than agencies that conduct the state CAN and state SOR checks.

If a prospective child care staff member wishes to challenge the accuracy or completeness of the FBI Fingerprint Check, State Criminal Fingerprint or NCIC NSOR

check, they would contact the North Carolina State Bureau of Investigation, Criminal Information and Identification Section. This information is located on the consumer education website. If a prospective child care staff member wishes to challenge the accuracy or completeness of the North Carolina Sex Offender Registry, they would contact the North Carolina State Bureau of Investigation, Criminal Information and Identification Section. This information is located on the consumer education website. If a prospective child care staff member wishes to challenge the accuracy or completeness of the Responsible Individual List, they would contact the North Carolina Division of Social Services This information is located on the consumer education website.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

Since the same agencies provide information for both in-state and interstate background checks, there is no difference in the appeals process.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

If a prospective child care staff member wishes to challenge the accuracy or completeness of the Responsible Individual List, they would contact the North Carolina Division of Social Services. This information is located on the consumer education website.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if

applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- ☐ a. Relative providers are exempt from all licensing requirements.
- ☐ b. Relative providers are exempt from a portion of licensing requirements.

  Describe:

- ☑ c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- ☐ a. Relative providers are exempt from all health and safety standard requirements
- ☐ b. Relative providers are exempt from a portion of health and safety standard requirements.

  Describe:

- ☑ c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- ☐ a. Relative providers are exempt from all health and safety training requirements.
- ☐ b. Relative providers are exempt from a portion of all health and safety training requirements.

  Describe:

- ☑ c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- [ ] a. Relative providers are exempt from all monitoring and enforcement requirements.
- [ ] b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

  Describe:

- [x] c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- [ ] a. Relative providers are exempt from all background check requirements.
- [ ] b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
  - [ ] i. Criminal registry or repository using fingerprints in the current state of residency
  - [ ] ii. Sex offender registry or repository in the current state of residency
  - [ ] iii. Child abuse and neglect registry and database check in the current state of residency
  - [ ] iv. FBI fingerprint check
  - [ ] v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
  - [ ] vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
  - [ ] vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
  - [ ] viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- [x] c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

Educators who are employed in early childhood programs such as NC Pre-Kindergarten, 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 NC 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 Associate Degree in Early Childhood Education and is aligned with the NC 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. In coordination with multiple stakeholders, including North Carolina's higher learning institutions, efforts are underway to revise the NC professional development framework so that professional development for the early childhood workforce aligns with the National Association for the Education of Young Children's standards and competencies. Embedded in the framework will be Practiced Based Coaching (PBC) and accountability measures for teacher mastery of core knowledge and skills. The practice-based coaching model is a cyclical process based on a strong partnership between the coach and the teacher, and involves shared goals and action planning, focused observation, reflection and feedback (Early Childhood Learning and Knowledge Center, 2019).

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/

ii. 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 residency license, a preschool add-on license, an Initial Professional License and Continuing Professional 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 specialized TA providers include health professionals who can work toward the Child Care Health Consultant Certification and Technical Assistance Endorsement. The QRIS system includes points for staff

education, and the system requires training hours, including CEUs, to meet QRIS and BK licensure professional development rules and policy. Technical assistance is included in the child care requirements as an option to meet on-going training requirements. 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. DCDEE is planning to work with the partners mentioned above to further elaborate on the career pathways to provide a more robust description of the multiple paths an early educator can take, to include public policy and advocacy. The information included will align with NAEYC's Power to the Profession work and information regarding the new leveling system being created through the PDG Coaching Towards Mastery Activity.

iii. Advisory structure. Describe:

North Carolina's professional development delivery system includes community based organizations and institutions of higher education each using 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. Currently, the state advisory structure is overseen by the North Carolina Institute for Child Development Professionals and the North Carolina Child Care Commission. These are both multi-agency teams that include a cross-section of early childhood professionals. Members include state level agency leadership, technical assistance systems leaders, higher education faculty and leadership , direct service providers, and other early childhood experts in aligned fields such as pediatrics. 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, including rules related to the number of training hours required, the requirement for a professional development plan and allowing technical assistance to count as training hours.

Additionally, the Birth Through Third Grade Interagency Council co-led by the NC Department of Health and Human Services and the NC Department of Public Instruction and described previously, provides an advisory role through its charge to establish a vision for a birth through third grade system of early childhood education including teacher and administrator preparedness and effectiveness.

iv. 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 associate 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.

v. Workforce information. Describe:

In 2019, Child Care Services Association (CCSA), one of the three NC CCR&R Council Management Agencies, conducted a statewide workforce study, " Working in Early Care and Education in North Carolina". This study provides comprehensive data on teachers, assistant teachers, directors and family child care home providers. Specifically, the workforce study tracks teacher education data knowing the critical influence it has on children's early learning opportunities. The information from the 2019 Study provides important data for the future. It provides a pre-pandemic baseline that will be helpful as the state moves forward growing the education pipeline in North Carolina.

Statewide, 87% of directors, 62% of teachers and assistant teachers and 51% of FCCH operators have at least an associate degree or more. The experience of teachers is also tracked with its impact on attachment and the learning and development of children. Across the state, the median length of experience of child care directors was 20 years. The median length of experience in the early care and education field for teachers was 13 years, and for assistant teachers, eight years. Family Child Care Home operators

median length of experience in the field was 21.5 years. Since early childhood research has shown that higher education and compensation of early care and education providers can lead to positive outcomes for children and retention of teachers, compensation data of teachers is gathered as a part of the workforce study. Related to compensation, workforce earnings in North Carolina increased from 2015. The median self-reported hourly wage for 2019 was $12.oo for child care teachers and assistants whereas it was $10.46 in 2015. Child care center directors reported an hourly wage of $19.23. Assistant Director median wage is $14.52 an hour. Forty-one percent (41%) of teachers and sixty one (61%) of assistant teachers made below the North Carolina living wage despite the complexity of their role and the long term impact of early care and education on young children's development and school success. With information related to the profile of the early childhood workforce, state leaders can identify ways to provide supports for the current demographic. Demographic findings included that 95% of center directors and 99% of teaching staff in centers were female. 45% of directors in centers and 51% of the teaching staff were people of color. 99% of family child care providers were female and 73% of family child care providers were people of color. Since this study was conducted before the Coronavirus pandemic, it provides a baseline of information to describe the early care and education workforce. Recommendations were made related to the distribution of the study as well as for teacher supports related to training, compensation and benefits.

DCDEE plans to conduct a post pandemic workforce study in order to be able to set benchmarks for the future. This study will compare a variety of areas from 2019 to post pandemic, including the percentage of teachers who have at least an associate degree or more, teacher experience and compensation data.

Child Care Health Consultants use a Health and Safety Assessment and Encounter Tool to conduct classroom observational assessments and to develop a quality improvement plan. Results are used to improve the health and safety behaviors and environment of classrooms and are looked at in aggregate to make suggestions for state-wide practice and policy improvements.

vi. Financing. Describe:

NC DCDEE currently uses CCDF for the T.E.A.C.H. Early Childhood® Program, for administering the Child Care WAGE$® Program and Infant-Toddler Educator AWARD$,

and for CCR&R training. CCR&R provides professional development training and technical assistance for the child care workforce. CCDF is also used to fund health and safety trainings conducted by the NC Child Care Health and Safety Resource Center, a project of the UNC Chapel Hill, Gillings School of Global Public Health.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

☑ i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

Training and technical assistance organizations such as Smart Start, Child Care Resource and 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 professional development services offered by these organizations varies by location across the state. Child Care Resources and Referral offers training and CEU's http://www.childcarerrnc.org/s.php?subpage=ImportanceofQualityTraining
The Institute for Child Development Professionals lists NC and out of state suppliers of CEU http://ncicdp.org/ceu-events/ .

☑ ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

In coordination with multiple stakeholders, including North Carolina's higher learning institutions, efforts are underway to revise the NC professional development framework so that professional development for the early childhood workforce aligns with the National Association for the Education of Young Children's standards and competencies. Embedded in the framework will be Practiced Based Coaching (PBC), and a way by which to measure mastery of core knowledge and skills. The practice-based coaching model is a cyclical process which begins with developing a strong partnership between coach and the teacher, then it involves shared goals and action planning, focused observation, and reflection and feedback (Early Childhood Learning and Knowledge Center, 2019).

☐ iii. Other

Describe:

NA

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, the Commission creates 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 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 North Carolina Foundations for Early Learning and Development, the NC professional teaching standards, NC mentoring standards, and individual professional development plans.

In addition, a legislative state agency collaboration between NC DHHS and NC DPIhas 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.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

NC DCDEE funds the T.E.A.C.H. Early Childhood® Program on a variety of educational levels for early educators, including teachers, teacher assistants, administrators, and for individuals who provide specialized functions for the early education workforce and the families of young children in their care (e.g., Community Specialists Scholarships and Smart Start staff). These staff are pursuing higher education credentials, degrees and BK or Preschool Add-on licensure. The T.E.A.C.H. Early Childhood® Program provides the structure for a comprehensive, sequenced program of early childhood professional development opportunities in North Carolina. The Program 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 Program at any point along a participant's professional and educational path. During the last fiscal year, the T.E.A.C.H. Early Childhood® Program offered the following scholarship programs: North Carolina Early Childhood Administration Credential Scholarship Program; Early Education Certificate, Early Childhood Associate Degree Scholarship Program; Early Childhood Bachelor's Degree Scholarship Program; Early Childhood Bachelor’s Plus T.E.A.C.H. Early Childhood® Associate Degree Scholars Program; T.E.A.C.H. Master’s Degree Scholarship 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; and NC Residency Licensure Scholarship Program. The T.E.A.C.H. Early Childhood® Program has proven to be one of the most cost-effective strategies for promoting the professional education, practices and development of the early childhood workforce. The program mandates retention and increased compensation for aspiring early educator professionals. Federal fiscal year 2020 program results can be found under this link, https://www.childcareservices.org/programs/awards/results/.

CCDF funds the administration of the Child Care WAGE$ Program offered in conjunction with funding provided by local Smart Start Partnerships for teacher supplements and administered through Child Care Services Association, one of the three NC CCR&R Council Management Agencies. In more than half of the 100 counties in NC, the WAGE$ Program

provides education-based salary supplements. Participants qualify by having completed coursework or a degree on the salary supplement scale and they complete six months in the same child care program before receiving the supplement. This additional compensation helps build quality by retaining educated teachers.

Infant Toddler Educator AWARD$ (AWARD$) is an education-based salary supplement program for full-time infant-toddler educators with at least the Associate Degree in Early Childhood Education or its equivalent. These supplements help to address the known compensation gap and give infant-toddler teachers a greater opportunity to stay in the field and to grow their skills and knowledge. AWARD$ provides an interim step to getting the workforce North Carolina's infants and toddlers need, so teachers can have the compensation they need to stay in their classrooms with our youngest children.

The T.E.A.C.H. Early Childhood National Center is leading a project with seven state teams, including North Carolina, to raise awareness of early childhood workforce issues. The North Carolina state team, who also participated in an earlier stage of this project, 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) NC legislature will make a financial investment in the compensation of the early childhood workforce; 2) NC will use COVID-19 relief funding to shore up the early childhood workforce; and 3) The model salary scale will be supported and promoted for early childhood teachers.

Shape NC: Healthy Starts for Young Children is an intensive training and technical assistance project meant to increase the number of children starting kindergarten at a healthy weight and ready to learn. The North Carolina Partnership for Children (NCPC) continues to implement the Shape NC model with child care centers to assure 1) Research-based, developmentally appropriate environments are provided for young children birth to age five that promote best practices in nutrition and active play; and 2) Families are engaged to promote healthy food and physical activity habits at home. Shape NC implements three evidenced-based programs to achieve these goals including: Be Active Kids (BAK),

Preventing Obesity by Design (POD) through the Natural Learning Initiative and Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC). In 2021 the North Carolina Partnership for Children received a sustainability grant, Beyond Shape NC, to develop methods by which Shape NC resources and strategies will be imbedded in Smart Start network technical assistance programs and other statewide technical assistance projects.

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 is leading an initiative to build a trauma informed professional development framework for infant/toddler teachers, administrators, and the technical assistance specialists who support them. The framework will include coaching and professional development on trauma informed care. Infant and toddler teachers will be able to implement strategies that promote resilience and positive social-emotional development in children affected by stress and trauma.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

In the NC Star-Rated License, the minimum requirements at the one-star level require lead teachers to complete the NC Early Childhood Credential which includes content related to health and safety standards, the NC Foundations for Early Learning and Development (NC FELDs), the state's early learning and development guidelines, and social-emotional and behavior intervention. All courses leading to the AAS degree are aligned to NC FELDs. Completing introductory and intermediate training on NC FELDs is a requirement for NC Pre-K teachers. The Child Care Rules include a requirement for staff to complete 16 hours of orientation. Topics include, but are not limited to: safe sleep practices, emergency preparedness and response, medication administration, building and premises safety, hazardous materials and appropriate disposal of bio-contaminants, and instruction on maintaining a safe and healthy environment. Administrators and staff are also required to complete health and safety training within one year of employment. These trainings are in addition to staff orientation. 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; (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. After the first year, all staff must complete trainings covering the health and safety topic areas every five years.

Ongoing training is required each year based on the education and experience of staff. Individuals can choose the trainings they complete provided they meet one of the following categories: 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.

DCDEE partnering agencies and organizations throughout NC provide training and technical assistance to child care staff on activity planning with an emphasis on NCFELDS. This training and technical assistance assist teachers' in the understanding and implementation of an activity plan that incorporates the five developmental domains outlined in NCFELDS; emotional and social development, health and physical development, approaches to plan and learning, language development and communication, and cognitive development. Additionally, an intermediate online training for NC FELDS is housed on Moodle on the Division's website.

The goal of the Promoting Healthy Social Behaviors in Child Care Centers (HSB) project is to promote 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. Utilizing the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) Pyramid Model, the project is designed to modify adult behavior and early childhood environments to promote social emotional competencies and prevent challenging behavior; partner with child care staff to address challenging behaviors; assist staff and parents in finding appropriate referrals for children who require additional intervention and/or for the adults (family members or teachers) who care for those children; and increase the access of early childhood professionals to information, resources, and professional development on the importance of social-emotional development. Provision of these services aligns with Child Care and Development Fund Final Rule that highlights the need for training on promoting

positive child social-emotional development and reducing challenging behaviors and suspensions/expulsions of children under age five (C.F.R. §98.53).

Throughout 2020, NC DCDEE collaborated with the Division of Public Health's Early Intervention Services' Branch Head to develop a state-level leadership team to oversee the delivery of targeted trainings designed to increase the capacity of the early child care and education workforce to support young children's mental health and identify the need for early intervention services. These efforts resulted in DCDEE establishing a formal partnership with the North Carolina Infant Mental Health Association (as discussed in Section A) to establish and convene a state leadership team to provide guidance to early childhood mental health initiatives, propose strategies, and establish an infant/mental health endorsement system that will identify the competencies and knowledge needed to effectively provide mental health services to children birth to age 5 and their families. DCDEE is preparing to execute a contract with the North Carolina Infant Mental Health Association in April 2021 to execute these strategies which will lay the foundation DCDEE needs to engage partners in coordinating professional development for: 1) early childhood educators on best practices for identifying indicators for developmental delays, mental health risks and making referrals and 2) mental health workers on early childhood education mental health evidence-based practices and diagnostic classification. To support suitability, DCDEE's partnership with the North Carolina Infant Mental Health Association to establish an infant/mental health endorsement system will inform the design of web-based and CEU credit opportunities. Coaching Toward Mastery's services will focus directly on advancing the knowledge and skills of the individual early childhood educator rather than on providing generalized coaching supports geared toward classroom or program level outcomes. The identified partner will execute a planning period and five key strategies to support successful implementation and sustainability: 1) Coordinate with multiple stakeholders, including North Carolina's higher learning institutions; 2) Develop a plan for embedding professional standards and abilities into NC's professional development system, including a system for measuring mastery of core knowledge and skills; 3) Design and implement a pilot of the system designed to measure the mastery of core knowledge and skills; 4) Create and implement a system to ensure coaches are using effective coaching practices to fidelity; and 5) Develop a plan for program sustainability.

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 through the statewide 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 listserv 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. Child Care Health Consultant trainings are also available to any child care provider, including the Eastern Band of the Cherokee Indians.

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a) with limited English proficiency

DCDEE facilitates the participation of persons with limited English proficiency in a number of ways. Using Google Translate, the Division's website can be translated into 17 languages. Consumer education materials and provider forms are translated into Spanish. The Facility Search Site on the Division's website 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 early childhood courses in Spanish. CCR&R's will also often offer training in Spanish or languages that are predominant in their community. DCDEE plans to translate key documents and materials into Spanish,

including the Prelicensing Workshop, and information about how providers can participate in the Subsidized Child Care Program.

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 NC DHHS will work with them to provide the accommodation. Information on accessibility tools and assistive technology resources is also available on the Division's website.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

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 as NC Pre-K teachers, regardless of auspice, are required to hold a NC Birth-through Kindergarten (BK) License and 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, and their families. The pre-service process requires coursework and a student teaching/internship to

qualify for a NC Educator's Initial Professional License (IPL) 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 Continuing Professional License (CPL). After a successful three-year mentor supported classroom teaching experience, an educator is then recommended for the highest level licensure - a BK Continuing Professional License (CPL). 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 by 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 Residency 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.

The professional development requirements for the Eastern Band of the Cherokee Indians (EBCI) are the same as for any licensed and subsidized child care programs. In order to participate in the subsidized child care program, EBCI 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.

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

NC DCDEE has available an introductory training video on understanding and serving children experiencing homelessness for early childhood teachers and staff. In addition, NC DCDEE developed and disseminated a toolkit to go with this training. Both of these are available online at no charge and can be accessed at any time. DCDEE has also uploaded the Supporting Families Experiencing Homelessness training modules developed by the National Center on Parent, Family and Community Engagement onto Moodle, DCDEE's training platform. These trainings are made available to Lead agency staff, child care providers, local CCR&R staff and local DSS eligibility workers. The trainings and toolkit will be promoted through a DCDEE newsletter, News You Can Use, which reaches approximately 90% of all child care providers, and it will be promoted through technical

assistance staff. DCDEE recently contracted with a Salvation Army for a Statewide Homelessness Technical Assistance Specialist dedicated to increasing access to child care for children experiencing homelessness. This specialist will use the "Self-Assessment Tool for Early Childhood Programs Serving Families Experiencing Homelessness" and the eight modules to provide technical assistance to child care programs. Trainings will potentially be developed for coordinated entry staff, DSS eligibility staff who work with families experiencing homelessness access subsidy and child care programs.
One activity of the Preschool Development Grant is the provision of technical assistance for emergency homeless shelters. Part of the technical assistance will involve the use of the ACF, Early Childhood Self-Assessment Tool for Family Shelters and outreach to early childhood programs.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

NC DCDEE has an introductory training video for the early childhood field on understanding and serving children experiencing homelessness. In addition, DCDEE developed and disseminated a toolkit to go with this training. Both of these are available online at no charge and can be accessed at any time. DCDEE has also uploaded the Supporting Families Experiencing Homelessness training modules developed by the National Center on Parent, Family and Community Engagement onto Moodle, DCDEE's training platform. These trainings are made available to NC DCDEE staff, child care providers, local CCR&R staff and local DSS eligibility workers. The trainings and toolkit will be promoted through a DCDEE newsletter, News You Can Use, which reaches approximately 90% of all child care providers, and it will be promoted through technical assistance staff. DCDEE recently contracted with the Salvation Army to provide a Statewide Homelessness Technical Assistance Specialist dedicated to increasing access to child care for children experiencing homelessness. This specialist will use the "Self-Assessment Tool for Early Childhood Programs Serving Families Experiencing Homelessness" and the eight modules to provide technical assistance to programs. She can serve as a resource for lead agency staff. Trainings will potentially be developed for coordinated entry staff, DSS eligibility staff who work with families experiencing homelessness access subsidy and child care programs. Lead agency staff can also participate in these trainings.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers business practices.

Targeted technical assistance and training from CCR&R, Smart Start partnerships, and licensing consultants on strengthening the business knowledge of administrators is available statewide. This includes guidance on administrative policies required in the child care center rules provided as part of the required pre-licensing workshops and pre-licensure consultation. Additionally, the shared services platform is offered to all pre-licensing workshop participants to use on a trial basis. It provides many resources on the development of an individual's child care business, their practices, and policies.

The CCR&R FCCH Project is developing a four-part CEU series of business trainings titled, The FCCH Business Atlas to assist FCCH educators who are opening new Family Child Care Homes. This training will serve as a bridge between the pre-licensing stage and opening a licensed FCCH program. The Business Training Series will provide necessary early childhood business related information for providers with a focus on advocacy, finance, regulatory and self-care. Although intentionally designed for new FCCH providers, the content is relevant for both new and current providers. This content is being developed in multiple modalities so that it can be offered as either virtual or seated (face to face) events to meet the learning needs of individual FCCH providers. The CCR&R FCCH Project Manager will conduct train the trainer events to CCR&R professional development and technical assistance staff so that it is available across all 100 counties in NC. This access in modality and proximity to where providers live and operate their businesses will help ensure equitable access. Additionally, the CCR&R FCCH Project Manager will work with Southwestern Child Development Commission to develop on-demand versions of the series so that providers who want to learn at their own pace have equal access to the content. Through this registration process, the CCR&R FCCH Project Manager will be able to assist FCCH providers by linking them with additional training and technical assistance support in their local area. CCR&R

technical assistance staff have also participated in a Self-Help Business Training Train the Trainer. Technical Assistance staff, therefore, are also able to use this training to support the improvement of business practices in child care programs.
Many communities also offer 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 child care center administrator must complete the Administration Credential which requires completion of coursework related to business practices.
The North Carolina Partnership for Children oversees a network of 75 local partnerships that serve as hubs for early childhood programs and services in local communities. In October of 2020, a shared service contractor launched a partnership with Smart Start to provide a comprehensive child care management, business, and training platform for 400 family child care providers across the state. This tool provides tools to improve the business functions of family child care homes and to create efficiencies that will save both time and financial resources. The shared service contractor platform also educates and connects consumers (families) with available programs in their area. The shared service contractor collects critical data about the child care programs enrolled in the program. This data is aggregated and shared at the network and state levels to identify gaps in program availability, to accurately measure the number of available spots by age, and to understand the financial health of North Carolina's family child care providers. The shared service contractor provides training to local networks so they are prepared to use the data dashboards available to them, which provide measurable indicators of progress for programs on the ground. Since the start of the program, providers have improved their programs and business practices in the following ways: building websites to make their programs more visible to families; shifting from paper enrollment forms to an online enrollment and waitlist process; moving from manual paper invoices for each cycle towards an automated payment option for each family; tracking monthly program expenses and revenue to improve program profitability and sustainability.

DCDEE plans to release an RFA late 2021 addressing building the capacity of child care program leadership to develop, sustain and implement program standards that address hiring and sustaining a qualified, well-prepared, and diverse teaching staff, providing employee benefits, and adequately compensating staff. The successful applicant will develop and implement an intensive program targeted to provide coaching and mentoring to child care program leadership to improve their administrative practices and establish policies and procedures that improve their program's overall quality.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers business practices. Check all that apply.

- [x] i. Fiscal management
- [x] ii. Budgeting
- [x] iii. Recordkeeping
- [x] iv. Hiring, developing, and retaining qualified staff
- [x] v. Risk management
- [x] vi. Community relationships
- [x] vii. Marketing and public relations
- [x] viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- [x] ix. Other

Describe:

Maintenance of a Waiting list

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53

(a)(1)(i)(A)).

Describe the content and funding:

The 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 Quality 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 includes 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 bachelor's degree in early childhood education.

CCDF funds the University of North Carolina, Child Care Health and Safety Resource Center's train the trainer for technical assistance providers and Child Care Health Consultants which prepares participants to provide health and safety trainings to early educators based on 10 health and safety topic areas, required by child care rule as well as the CCDF rules §98.41(a)(2); §98.44(b)(2)(i). Trainings are offered in-person as well as online in the DCDEE Moodle platform. DCDEE participates on committees which provide professional development opportunities for staff related to nutrition and physical activity including: NAP SACC, Nutrition and Physical Activity for 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 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. Farm to Preschool is currently collaborating with DCDEE to add online training modules to the DCDEE Moodle platform. A training series is available titled, " CEFS Learning Bursts".

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

The 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 Health Social Behaviors in Child Care Settings (HSB) project is designed to assist teachers through technical assistance (TA) and training to create prosocial classroom environments and teaching practices, thus addressing challenging behaviors, reducing the incidence of suspension and expulsion, and helping to ensure that children develop the social-emotional competencies needed for success prior to entering school. Specialists have developed a mix of both seated and online formats and developed a 3.5 CEU policy and practices toolkit training module focusing on reducing children suspensions and expulsions. 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. Staff the HSB project DCDEE funds, include 33 regional behavior specialists, 3 fidelity coaches, 1 education specialist, and a statewide project manager.

The Infant Toddler Quality Enhancement Project provides trainings related to the social emotional development of infants and toddlers and managing the behaviors of birth to three year old children. A few of these trainings include, "Supporting Positive Behavior: Creating Guidance Strategies for Children Ages Birth to Three, Social/Emotional Milestones-Birth-36 Months: Building Blocks for Future Learning. And Temperament of Infants and Toddlers: Understanding and Supporting Individual Differences.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

NA. The error report would not clear without marking one of the below items. All should be unmarked.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based

- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

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 with 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 and introductory training on NC FELDS.The Infant Toddler Quality Enhancement Project (ITQEP) of Child Care Resources, Inc. provides on-site support and training in the use of appropriate curriculum and assessment for birth to age three. Child Care Resource and Referral in the past has offered a training on choosing and using an approved curriculum and formative assessment tool. This training will be revised in the near future to reflect curriculum and formative assessments approved in a 2021 curriculum review and approval process. Recommendations are being made to create separate trainings for administrators who purchase the curriculum and formative assessments and the teachers who use it. ITQEP also trains on the use of developmental assessments.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [x] In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

In an upcoming provider training, *Increasing Access to Quality Child Care to Children Experiecning Homelessness,*providers are introduced to a technical assistance opportunity using the Administration for Children and Family tool, *Self-Assessment Tool For Early Childhood Programs Serving Families Experiencing Homelessness.* The tool will promote helping families access services to support their children's growth and development.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii)).

Describe the content and funding:

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 Environment 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. Child Care Health Consultants use a Health and Safety Assessment and Encounter Tool to conduct classroom observational assessments and to develop a quality improvement plan. Results are used to improve the health and safety behaviors and environment of classrooms and are looked at in aggregate to make suggestions for state-wide practice and policy improvements.

The PDG funded, Needs Assessment, provides evaluation and Early Childhood Integrated Data System. It includes parent engagement, addresses quality, program availability, gaps in services, and transitions among other select items. An updated needs assessment in 2021 will continue to inform NC early childhood system improvement activities. A goal of the PDG funded B-5 Program Performance Evaluation Plan is to set a vision for a comprehensive early childhood system that is designed to have increased capacity to offer technical assistance to families and early childhood professionals, and offer sustained improvements for children, families, and early childhood education professionals.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

The eight module series, Supporting Families Experiencing Homelessness, uploaded to Moodle provides information to help families in geographic areas with significant concentrations of poverty and unemployment.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

The 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.) Early Childhood Program 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 NCCommunity 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 disabilities 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 on-going training requirements is learning activities that promote inclusion of special needs (N.C.G.S. § 110-7-91(11)).

Child Care Health Consultants provide training and technical assistance to support the attendance of children with disabilities and developmental delays in child care. The NC Resource Center, who supports CCHCs, maintains training materials on Administration of Medication, Asthma, Diabetes, Seizures, feeding tubes, and many other special needs. In addition, one CCHCs so focus is to develop resources and provide expertise on the needs of infants/toddlers with special health care needs.

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.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii).

Describe the content and funding:

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, and Nutrition, Environmental Design, Child/Youth Development, Developmentally Appropriate Activities, Guiding Child Behavior, and Quality School Age Care. CCR&R also leads the School Age Quality Improvement Project. The program offers many services to providers serving school age children. They offer technical assistance on room arrangement, activity planning, positive discipline techniques, and age appropriate activities. They provide training statewide. Other standardized trainings and technical assistance are available through CCR&R and DCDEE regulatory lead consultants.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

x. 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-Kindergarten license is required for all teachers in NC Pre-Kindergarten (NCPRE-K) 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 the university hubs enables licensed teacher in non-public early childhood education settings toreceive mentoring and evaluation services necessary for licensure, maintaining licensure, and converting to a higher-level license.

CCR&R is developing a CEU for Family Child Care Home providers which will align with the NC Child Care Pre-licensing Workshop. This training will be provided between the pre-licensing workshop and the time when the provider gets a license to assist the providers with implementing components of the pre-licensing workshop.

Child Care Services Association, one of the three NC CCR&R Council Management Agencies, Infant Toddler Quality Enhancement Project has created a training, New Infant Toddler Teacher Orientation which will be housed on DCDEE Moodle site.

Which type of providers are included in these training and professional development activities?

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

- [x] i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
  - [x] Licensed center-based
  - [x] License exempt center-based
  - [x] Licensed family child care home
  - [x] License- exempt family child care home

- ☑ In-home care (care in the childs own home)

☑ ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.

- ☑ Licensed center-based
- ☑ License exempt center-based
- ☑ Licensed family child care home
- ☑ License- exempt family child care home
- ☑ In-home care (care in the childs own home)

☑ iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.

- ☑ Licensed center-based
- ☑ License exempt center-based
- ☑ Licensed family child care home
- ☑ License- exempt family child care home
- ☑ In-home care (care in the childs own home)

☑ iv. Other.

- ☑ Licensed center-based
- ☑ License exempt center-based
- ☑ Licensed family child care home
- ☑ License- exempt family child care home
- ☑ In-home care (care in the childs own home)

Describe:

T.E.A.C.H. Early Childhood® Education Scholarships provide scholarship counselors to support access to postsecondary training and financial aid.

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The following are select measurable indicators of progress related to professional development for FFY 2020.

CCSA Core: Number of unduplicated child care classrooms receiving technical assistance services to increase the quality of child care services and to support the professional development needs of child care providers. 1542 ; Number of unduplicated child care providers receiving professional development training. 6243 ;

SWCDC Core: Number of unduplicated child care providers receiving professional development training. 6005; Number of unduplicated child care classrooms receiving technical assistance services to increase the quality of child care services and to support the professional development needs of child care providers.

CCRI Core: Number of unduplicated child care classrooms receiving technical assistance services to increase the quality of child care services and to support the professional development needs of child care providers. 2342; Number of unduplicated child care providers receiving professional development training. 6988

CCRI Healthy Social Behaviors Number of early childhood educators to receive training, coaching and other supports to implement the Pyramid Model strategies with fidelity. 145 ; Number of unduplicated child care providers receiving onsite technical assistance consultations. 1,073

Infant Toddler Quality Enhancement Project Number of unduplicated infant-toddler teachers and program administrators in child care programs serving infants and toddlers receiving onsite coaching, mentoring and consultation. 1307; Number of unduplicated infant-toddler teachers, program administrators and those working on behalf of children birth-three receiving professional development in infant toddler related topics outlined in the scope of work. 2,481; Number of Technical Assistance Specialists completing the Developmental Monitoring and Screening training of trainer's session. 41; Number of unduplicated child care providers, child care consultants and other child care professionals reached through

NC Rated License Assessment Project (NC RLAP) training/outreach events on the NC rated license assessment process. In FFY 2020 NCRLAP completed 89 outreach events with 2,045 participants.

DCDEE is preparing to release a Request for Applications (RFA) in 2021 to identify a partner

to develop and implement provisions for **Coaching Toward Mastery (CTM)**, a skills-based coaching program designed to advance the knowledge and skills of early childcare educators. It is expected that these advancements will occur in the areas of Child Development and Learning, Family–Teacher Partnerships and Community Connections Child Observation, Documentation, and Assessment, Developmentally, Culturally, and Linguistically Appropriate Teaching Practices, Knowledge, Application, and Integration of Academic Content in the Early Childhood Curriculum and Professionalism as an Early Childhood Educator. Goals and results will be developed in the awarded contract.

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The 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 that identify 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.

ii. Developmentally appropriate.

Teachers and caregivers can refer to NC FELDs to learn about child development progressions; 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 describe expectations for what children will learn prior to kindergarten, starting with infancy. 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 all five of domains are included in NC FELDs. While domains are clearly delineated, there are some overlaps between domains which are explained by the interrelated nature of development. The Goal and Developmental Indicator Continuum (sometimes called a "Continuum" for short in this document) provides examples of developmental progressions within 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 and 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.

iii. Culturally and linguistically appropriate.

NC FELDs 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.

iv. Aligned with kindergarten entry.

The team that revised NC FELDS consulted many research-based sources and publications. The source list in NC FELDs presents selected resources that were critical to describing 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. NC FELDs. 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 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.

v. 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 all five of these domains in NC FELDs are included. No domain 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. The Goal and Developmental Indicator Continuum (sometimes called a "Continuum" for short in this document) for each domain provides a chart demonstrating 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.

vi. 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.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

Teachers and caregivers can turn to NC FELDs to learn about child development and for age-appropriate Goals and Developmental Indicators for each age level-infant, younger toddlers, older toddlers, younger and older preschoolers. The Goals and Developmental Indicators 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: One of these domains is cognition, which includes five sub-domains 1) Construction of Knowledge; 2) Creative expression; 3) Social Connections 4) Mathematical thinking and expression 5) Scientific exploration and knowledge. Following the developmental indicators NC FELDs provides strategies for teachers to use to provide support for children's development and learning in the described area. Language Development and Communication are considered separate from the Cognitive Development domain. See optional domain vi.

ii. Social development.

Teachers and caregivers can turn to NC FELDs to learn about child development and Goals and Developmental Indicators for each age level-infant, younger toddlers, older toddlers, younger and older preschoolers. The Goals and Developmental Indicators 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: One of these domains is

emotional and social development. The Emotional and Social Development domain includes children's feelings about themselves and their relationships with others. Learning to manage and express emotions is also a part of this domain. The subdomains included in this section are 1) developing a sense of self, 2) developing a sense of self with others and 3) learning about feelings.

iii. Emotional development.

Teachers and caregivers can turn to NC FELDs to learn about child development and age-appropriate Goals and Developmental Indicators for each age level-infant, younger toddlers, older toddlers, younger and older preschoolers. The Goals and Developmental Indicators 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: One of these domains is emotional and social development. The Emotional and Social Development domain includes children's feelings about themselves and their relationships with others. Learning to manage and express emotions is also a part of this domain. The subdomains included in this section are 1) developing a sense of self, 2) developing a sense of self with others and 3) learning about feelings.

iv. Physical development.

Teachers and caregivers can turn to NC FELDs to learn about child development and age-appropriate Goals and Developmental Indicators for each age level-infant, younger toddlers, older toddlers, younger and older preschoolers. The Goals and Developmental Indicators 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: One of these domains is Health and Physical Development. The domain of Health and Physical Development focuses on physical growth and motor development, sound nutritional choices, self-care, and health/ safety practices. Subdomains of this section include 1) Physical health and growth 2) Motor development 3) Self-care and 4) Safety awareness.

v. Approaches toward learning.

Teachers and caregivers can turn to NC FELDs to learn about child development and 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: One of these domains is Approaches to Play and Learning. The Approaches to Play and Learning domain addresses how children learn and includes children's attitudes toward and interest in learning. It reflects behaviors and attitudes such as curiosity, problem-solving, maintaining attention, and persistence. Children display these characteristics in the way they learn in all domains and curriculum areas, including music, dramatic play, and art. Subdomains of this section of NC FELDS include: 1) Curiosity, information seeking, and eagerness 2) play and imagination 3) risk-taking, problem-solving and flexibility and 4) Attentiveness, effort and persistence.

vi. Describe how other optional domains are included, if any:

Teachers and caregivers can turn to NC FELDs to learn about child development and 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: One of these domains is Language Development and Communications. The Language Development and Communication domain describes many important aspects of children's language and early literacy development. Language development begins with children's ability to understand what others are communicating to them. Children also learn many important early literacy skills as they grow and develop. The subdomains of this section include 1) Learning to communicate 2) Foundations for reading and 3) Foundations for writing.

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

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. DCDEE plans to form a team to review NC FELDs and revise it in the 2022-2024 CCDF Plan cycle.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.
NA

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.
http://ncchildcare.dhhs.state.nc.us/PDF_forms/NC_Foundations.pdf

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

-- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,

-- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The guidelines are used in a variety of ways, primarily by teachers to write activity plans which will promote children's learning and development. 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. Preschool to kindergarten transition plans are aligned with NC FELDS as well as the Kindergarten Entry Assessment. The curriculum and formative assessments approved for use in child care are aligned with NC FELDs.

The Early Educator Support Licensure and Professional Development staff at UNC-Charlotte and East Carolina University provide training to NC Pre-Kindergarten staff on the use of NC FELDs in their respective regions. Independent completion of Advanced Foundations Modules 1-6 (first year of service by EESLPD offices) and Modules 7-11 (second year of service by EESLPD offices) that were created by the Early Learning Network and housed on the Frank Porter Graham website, by all teachers served by the two EESLPD offices. A pacing guide was created by the ECU and UNC-Charlotte EESLPD offices to facilitate viewing of the Modules and implementation of strategies learned, into classroom practice. After viewing each module, teachers receive follow-up and coaching from EESLPD Mentors and Evaluators on developing greater understanding and applying the content of the modules in their classrooms. Teachers and EESLPD staff are required to use the Instructional Practices Checklist as a measure to ensure content from Foundations was being applied in daily classroom practice. Upon successful completion of all assigned modules (verified by certificates generated by Foundations Modules and recorded on Tracking Guides) and classroom follow up with EESLPD staff, teachers are awarded Continuing Education Units (CEUs) for completion of Foundations training

6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

NC DCDEE tracks the number of teachers served by the Early Educator Support Offices at East Carolina and UNC Charlotte during the last federal fiscal year. These teachers are

provided various opportunities to enhance their understanding and use of the NC Foundations for Early Learning and Development (Foundations).

Annually, NC DCDEE conducts a formal evaluation of the NC Pre-kindergarten program which typically includes child outcome measures. Some of these measures include performance on language and literacy skills at the end of NC Pre-K compared to those who did not attend NC Pre-K. Dual-language learners who attended NC Pre-K performed significantly better on some literacy and math skills at the end of pre-k compared to those who did not attend NC Pre-K. Additionally, Child Care Resource & Referral documents the number of NC FELDS trainings held and the number of individuals trained on NC FELDS.

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).

2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).

3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)

- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)

- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services

- Improving the supply and quality of child care programs and services for infants and toddlers

- Establishing or expanding a statewide system of child care resource and referral services

- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)

- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children

- Supporting providers in the voluntary pursuit of accreditation

- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

The 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, one of the three NC CCR&R Council Management Agencies, 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. The 2019 Working in Early Care and Education in North Carolina Workforce Study incorporates recommendations for the NC early childhood system to consider related to improvements to the professional development framework (p. 31).

NC DCDEE is part of a Department wide team that developed an Early Childhood Action Plan to identify indicators and strategies to ensure that children in our state are healthy, on track and ready to succeed. The North Carolina Early Childhood Action Plan outlines a cohesive vision, sets benchmarks for impact by the year 2025, and establishes shared stakeholder accountability to achieve statewide goals for young children from birth through age 8. Specifically, it includes 10 data-informed goals which, when activities of this project resume, will result in measurable changes to children’s outcomes.

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 is also 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.

Though it was not published last year due to COVID-19, under normal conditions, an annual 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.

The DCDEE Regulatory System database also provides 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.

There is a growing need to support, protect and promote breastfeeding in child care programs. DCDEE will partner with the Carolina Global Breastfeeding Institute to conduct a landscape study of current breastfeeding and infant/toddler feeding practices and resources across the state. This analysis will identify potential gaps and disparities through key informant interviews, parent surveys, and mapping of resources. From the landscape analysis findings and stakeholder input, we will design an enhanced BFCC curriculum that complements existing educational resources for technical assistance providers (including additional training to enhance needed skills for implementing best practices.

In an effort to assess the policies and programs being provided for young children with disabilities being served in child care programs, DCDEE has invited a diverse group of stakeholders, to include child care health consultants, technical assistance specialists, early intervention CDSAs, and developmental day child care directors to join in the Inclusion of Infants and Toddlers with Disabilities Peer Learning Group Hosted by the State Capacity Building Center. After completion of the peer learning group, the team will use the information gained to assess NC's current policies and programs. A list of recommendations will be submitted to DCDEE leadership to develop an action plan.

On October 4, 2019 DCDEE completed the NC Statewide Birth-5 Needs Assessment, Final Report as a requirement of the PDG. The Needs Assessment highlights the methods by which North Carolina is working to meet children's needs and gaps in early childhood care and education (ECCE) services with information gathered through three key activities: (1) reviewing and synthesizing existing data and recent needs assessment reports addressing the services and needs of families with children birth to age five in North Carolina, (2) conducting listening sessions with families representing key target populations in the state, and (3) administering a statewide provider survey to gather information about services and barriers from providers who serve young children and their families. This Needs Assessment is organized around the four themes that emerged through the data collection activities: providing high-quality ECCE, ensuring children are on track for school success, fostering

social-emotional resilience, and creating conditions for supportive and supported families.

In 2021 and in accordance with Activity 1, of the Preschool Development Grant, Birth Through Five, DCDEE will collaborate with state and community partners to refine and enhance the statewide, birth through five needs assessment. Given the implications of the COVID-19 pandemic on North Carolina and it's early childhood system, DCDEE will update the statewide PDG B-5 Needs Assessment developed in 2019 to identify ongoing and emergent needs for planning to strengthen the B-5 early childhood system – exploring additional elements not previously assessed by or identified as initial gaps related to the availability and quality of existing programs in the state. The findings from this assessment will be used to inform updates to the PDG B-5 Strategic Plan, PDG B-5 Renewal Grant Activities and other statewide ECE efforts including revisions to the NC Early Childhood Action Plan.

Southwestern Child Development Commission, one of three NC CCR&R Council Management Agencies, published "Family Child Care Home Project Report" (August 2020) which provides recommendations on ways to expand and support Family Child Care Homes in North Carolina's early childhood system. The purpose of the report was to gather information regarding factors, barriers, limitations and supports available for licensed Family Child Care Homes in North Carolina with the intent to stabilize this component of the early Childhood system. NC DCDEE is currently considering these recommendations for implementation.

NCPC provides oversight and technical assistance for assessment, data collection, and data management capacities of Smart Start local partnerships. On an annual basis, NCPC compiles county level data into an Early Childhood (EC) Profile for all 100 counties in North Carolina. The EC Profile is comprised of measures of child well-being related to Early Care and Education, Family Support, and Health for children from birth to 5 years old. These EC Profile data identify needs across the state and drive decisions about the implementation of activities to best meet these needs. NCPC also uses a centralized data collection system to collect both output and outcome data from local partnerships for Smart Start funded activities. These data results are essential components of the NCPC annual report to the legislature as well as in NCPC's quality assurance process with local partnerships. Smart Start Investments in quality activities are based on state, county, and program assessment data.

The NC Institute for Child Development Professionals will be assessing different aspects of the workforce as a part of their project planning. The Professional Development Workgroup is conducting a survey with persons who have professional development, technical assistance and administrator endorsements to determine the need for CEUs. The results of this survey will be used to develop a plan for future CEU opportunities. The Advancing the Education of the Workforce Work Group in 2021 will be reviewing the Institute endorsements that includes data collection for the administrator, professional development and technical assistance endorsements to update and strengthen these endorsements to better support and serve the needs of the early care and education workforce.

To prepare for the writing of the 2022-24 CCDF Plan the Division of Child Development and Early Education held Focus Groups across the state with 1,247 individuals attending (includes DCDEE staff). The same questions were sent to an email listserv for input with responses received from over 394 individuals. The responses to these questions helped DCDEE identify system needs related to quality. Specifically identified were needs for: teacher and staff pay and benefits; trainings and coaching for infant and toddler teachers; a revised way to conduct the market rate survey so that it reflects the cost of quality; recommendations for the legislature related to subsidy policy changes including, waiving parent co-payment for certain families for families experiencing homelessness and providing a higher subsidy rate to programs serving children with special needs; and resources for Spanish speaking and Family Child Care Home providers.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

Key findings of the 2019 Working in Early Care and Education in North Carolina Workforce Study (conducted prior to COVID-19), are summarized in the following linked Executive Summary. Research has shown that staff education and experience impact the quality of child care provided in states. From 2015 to 2019 there has been an increase in the

percentage of directors (7.4%) and teachers (6.9%) who have completed at least an associate degree in any field of study. The average amount of time center teaching staff had been working in the early childhood education field is 12 years which is an increase of 1.5 years from 2015. In regards to turnover, over the last 12 months, 21% of full-time teaching staff left their early care and education program. There have been small increases in the compensation of staff from 2015 to 2019. On average, the early care and education teaching staff made $12.00 per hour and directors made $19.23 per hour. The statewide average for the center-based teaching staff in 2015 was $11.23 per hour. The statewide average director wage in 2015 was $17.17 per hour. Significant demographics to consider for future activities are that 95% of directors and 99% of teaching staff were female. 45% of directors and 51% of the teaching staff were people of color. One goal related to the Workforce Study is to conduct another workforce study gathering the same data post-COVID-19 to determine the impacts of COVID-19 on the Workforce Study findings. Another goal is to develop plans for a professional development registry which would hold child care provider education data, track trainings, identify education and training resources and plan a career pathway.

North Carolina has released a RFP for an alternative to the market rate for child care subsidy funding methodology. Within that scope of work the contractor is required to address educator compensation, inclusive of benefits. Through the course of the COVID-19 pandemic, the significant impact child care has on society as a whole was brought to the forefront, and alongside that the need for increases to teacher and staff compensation. This contract will be for approximately 18 months and will result in multiple methodologies for North Carolina’s consideration.

Based on findings and analysis of the last three years, the North Carolina Partnership for Children (NCPC) has identified the need to strengthen its data management system—with overarching goals to enhance technical assistance to early care and education (ECE) programs and ECE systems building. NCPC has received a grant from the BlueCross BlueShield of NC Foundation to help improve this system over the next 3 years. As part of NCPC continuous quality improvement process, we are also reviewing our EC Profile indicators to better integrate disaggregated data and account for the inequities that the COVID-19 pandemic has highlighted within the early childhood system. In addition, NCPC has identified the need to improve its use of data visualization to better highlight needs and improve our use of data to drive decisions and ensure better outcomes for young children

and their families.

Goals informed by the PDG Needs Assessment will be developed later in 2021. The PDG website is under developemnt and may be available at the time of your review. If it is available, the site can be accessed by going to the NC DCDEE website located at: https://ncchildcare.ncdhhs.gov/, then to the “Services” tab, then to the drop-down fields to “Preschool Development Grant Birth through Five.” Once on the page, locate the link to the North Carolina Statewide Birth-5 Needs Assessment Final Report under the PDG B-5 Activities (Activity 1).

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

- [x] a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.
  - [x] i CCDF funds
  - [x] ii. State general funds

  Other funds. Describe:

  State NC Pre-K and Smart Start

- [x] b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.
  - [x] i CCDF funds
  - [ ] ii. State general funds

  Other funds. Describe:

- [x] c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.
  - [x] i CCDF funds

☑ ii. State general funds

Other funds. Describe:

State funds through Smart Start

☑ d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

☑ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

DCDEE will be releasing an RFA in late 2021 to establish center-based and/or family child care workplace environment standards that reduce stressful conditions and promote teacher effectiveness.

☑ e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

☑ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

☑ f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

☑ i CCDF funds

☑ ii. State general funds

Other funds. Describe:

State appropriations

☑ g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

☑ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

☑ h. Accreditation Support (Related Section: 7.8). Check all that apply.

☐ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

NA

☑ i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

☐ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

☑ j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

☑ i CCDF funds

☐ ii. State general funds

Other funds. Describe:

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards

2. Supports to programs to improve quality

3. Financial incentives and supports

4. Quality assurance and monitoring

5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- [ ] a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- [ ] b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- [x] c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

NC's QRIS is administered by the state and is known as the Star Rated License System. The Star Rated License System is embedded in the General Statutes and Child Care Rules. Child care 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 (https://www.ncrlap.org/) to conduct the Environment Rating Scales. Child care facilities with higher rating scale scores earn higher points in program standards. The Workforce Education Unit within DCDEE supports the early childhood workforce in meeting educational requirements by completing education evaluations. The DCDEE child care consultants use information obtained from child care facilities, the Workforce Education Unit and the NCRLAP assessment results to complete the star rating assessment and determine total points earned to issue a Two through Five Star Rated License. (https://ncchildcare.ncdhhs.gov/Services/Licensing/Star-Rated-License)

- [ ] d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

☐ e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.

7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

☑ Participation is voluntary

☑ Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

To participate in the Subsidized Child Care Assistance Program, a facility must achieve and maintain a 3 to 5 Star License. To provide NC Pre-K and Developmental Day services, a facility must achieve and maintain a 4 or 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 QRIS or another system of quality improvement? Check all that apply.

☑ i. Licensed child care centers

☑ ii. Licensed family child care homes

☐ iii. License-exempt providers

☑ iv. Early Head Start programs

☑ v. Head Start programs

☑ vi. State Prekindergarten or preschool programs

☑ vii. Local district-supported Prekindergarten programs

☑ viii. Programs serving infants and toddlers

- [x] ix. Programs serving school-age children
- [x] x. Faith-based settings
- [x] xi. Tribally operated programs
- [ ] xii. Other

Describe:

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

Center, Family Child Care Home, and school-age specific environmental rating scales are used to differentiate quality in child care centers, Family Child Care Homes and school-age programs. Centers located in a residence with a licensed capacity of three to twelve children must complete a Family Child Care Rating Scale-Revised Edition assessment. There is also the option available for family child care homes to get a quality point if the operator restricts enrollment to four preschool children in a home or reduces infant capacity by at least one child.

The education requirements for teachers, operators and administrators in Centers, Family Child Care Homes and school-age programs also differ. See the linked charts (scroll down to bottom of page) for the different program and education requirements needed to earn points for the star-rating for each type of setting.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- [ ] No
- [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] a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
  - [ ] b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
  - [ ] c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
  - [ ] d. Programs that meet all or part of state/territory school-age quality standards.
  - [ ] e. Other.

    Describe:

    NA

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- [ ] No
- [x] Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
  - [x] a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
  - [x] b. Embeds licensing into the QRIS
  - [x] c. State/territory license is a "rated" license

☐ d.Other.

Describe:

NA

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

☐ No

☑ Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License- exempt family child care home
- ☐ In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- ☐ Licensed center-based
- ☐ License exempt center-based
- ☐ Licensed family child care home
- ☐ License- exempt family child care home
- ☐ In-home (care in the child's own home)

iii. Higher subsidy payments

- ☑ Licensed center-based
- ☐ License exempt center-based
- ☑ Licensed family child care home
- ☐ License- exempt family child care home

- [ ] In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

v. Coaching/mentoring

- [ ] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

vii. Materials and supplies

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

viii. Priority access for other grants or programs

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home

- [ ] In-home (care in the child's own home)

ix. Tax credits for providers

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

x. Tax credits for parents

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home (care in the child's own home)

b. Other:

xi. These are marked due to copayments periodically being paid for parents in the COVID-19 .

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The 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. 2019 2.4% are 1 star.

In 2005 1% of centers were 2 star. 2019 .46% are 2 star.

In 2005 32% of centers were 3 star. 2019 17% are 3 star.

In 2005 26% of centers were 4 star. 2019 22 % are 4 star.

In 2005 14% of centers were 5 star. 2019 48% are 5 star.

Family Child Care Home

In 2005 32% of FCCHs were 1 star. 2019 9% are 1 star.

In 2005 1% of FCCHs were 2 star. 2019 8% are 2 star.

In 2005 35% of FCCHs were 3 star. 2019 29% are 3 star.

In 2005 23% of FCCHs were 4 star. 2019 39% are 4 star.

In 2005 8% of FCCHs were 5 star. 2019 12% 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 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- [x] a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

Within PDG, in the Babies First NC activity, NC DCDEE will contract with a vendor to develop a best-practice program for infants and toddlers to compliment the North Carolina Pre-kindergarten program. Recommendations will be made for program, standards, governance, monitoring and evaluation, and financing practices and systems.

- [x] Licensed center-based

- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

[x] b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

North Carolina, like many states, has seen a dramatic decrease in the number of family child care homes. Staffed family child care home networks are under consideration as a strategy to increase the state's number of FCCHs and the business viability of FCCHs.

- [ ] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

[x] c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

Child Care Services Association, one of the three NC CCR&R Council Management Agencies, Infant Toddler Quality Enhancement Project, has created a training, New Infant Toddler Teacher Orientation which will be housed on NC DCDEE Moodle site. CCR&R Regional Infant Toddler specialists of this project 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 training is available to all provider types. Thetechnical assistance is available to centers. NC DCDEE is consdering encouraging technical assistance for FCCH and religious sponsored programs

The NC Resource Center's mission is to promote healthy and safe indoor and outdoor environments in early care and education settings through child care health consultation. The NC Resource Center promotes health and safety in child care by providing technical assistance, training and resources to child care health consultants and child care programs. Regional Infant Toddler Child Care Health Consultants will provide health and safety consultation, training, and technical assistance on infant toddler topics. Available to all provider types.

Regional Infant Toddler Child Care Health Consultants will provide training and technical assistance on infant toddler topics. Available to all provider types.

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

[x] d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

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), Practice-based coaching, trauma informed infant and toddler care, 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.

Infant Toddler Child Care Health Consultants are required to have completed training including: ITS-SIDS, Emergency Preparedness and Response Training, and Child Care Health Consultant (CCHC) course.

A training recently developed by specialists in the Child Care Services Association, one of the three NC CCR&R Council Management Agencies, Infant Toddler Quality

Enhancement Project is the New Infant Toddler Teacher Orientation.

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- [x] e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

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.

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

[x] f. 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 (ITERSR) assessment completed.

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [x] In-home care (care in the child's own home)

[x] g. 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 child care home. To meet points in program standards, programs can have the Infant Toddler Rating Scale-Revised (ITERS-R) assessment completed.

- [x] Licensed center-based
- [ ] License exempt center-based
- [x] Licensed family child care home
- [ ] License- exempt family child care home
- [x] In-home care (care in the child's own home)

[x] h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

The North Carolina Foundations for Early Learning and Development includes infants and toddlers in its scope of goals and strategies. Infant Toddler Child Care Health Consultants and the NC Resource Center follow the best practices outlined in *Caring for Our Children: National Health and Safety Performance Standards*

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home

- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- [x] i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

A CCR&R 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

- ☑ Licensed center-based
- ☑ License exempt center-based
- ☑ Licensed family child care home
- ☑ License- exempt family child care home
- ☑ In-home care (care in the child's own home)

☑ j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

The Infant Toddler Quality Enhancement Project of Child Care Services Association, one of the three NC CCR&R Council Management Agencies, is implementing Practice-Based Coaching and promoting developmental assessments and screening. The ITQEP is using the Ages and Stages Questionnaire (ASQ) and Ages and/or Stages Questionnaire-Social-Emotional (ASQ-SE) with children enrolled in the participating classrooms to track data and measure quality improvement. In addition, ITQEP supports child care center use of developmental assessments using the Center for Disease Control's *Learn the Signs, Act Early Developmental Checklists* .

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 multi-year timelines for completion of education requirements that have been established. This project is being enhanced through PDG funds. Another PDG funded activity, Babies First North Carolina, will support increased infant toddler classroom quality by providing funding for increased quality; including providing intensive technical assistance, reduced staff to child ratios, minimum required teacher education, scheduled teacher planning time, family engagement and involvement including home visits, minimum teacher compensation, ongoing use of curriculum and developmental assessment, and enrollment developmental screening and referral. If indicated.

To increase access to high quality infant toddler care, DCDEE will in this plan period begin providing a select number of contracted slots in four and five star programs in rural areas and in under-resourced

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

[x] k. Coordinating with child care health consultants.

Describe:

CCDF funds a project through UNC Chapel Hill-Child Care Health and Safety Resource Center which provides Infant/Toddler Safe Sleep and Sudden Infant Deat 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 an Safety Resource Center (RC) lead a project to implement regional infant toddler chil care health consultant to provide services in economically distressed counties. This project will train three registered nurses/health professionals to work as regional Infa Toddler Child Care Health Consultants (IT-CCHC) in counties that do not have acce 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 th support will be on identifying and targeting children with special health care or medic needs or disabilities for this support.

NC DCDEE plans to build the program and conduct a pilot of Infant and Early Childhood Mental Health Consultation (IECMHC) services in select counties, then make a plan for statewide implementation.

- [x] Licensed center-based

- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

[x] l. Coordinating with mental health consultants.

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 Early Childhood Mental Health Consultation (IECMHC) and multiple stakeholders across NC. 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. This work is being funded through PDG funds. An infant/mental health endorsement system that will identify the competencies and knowledge needed to effectively provide mental health services to children Birth - 3 and their families will be developed.

- [x] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

[ ] m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

NA

- [ ] Licensed center-based
- [ ] License exempt center-based
- [ ] Licensed family child care home
- [ ] License- exempt family child care home
- [ ] In-home care (care in the child's own home)

[x] n. Other.

Describe:

There is a growing need to support, protect and promote breastfeeding in child care programs. DCDEE will partner with the Carolina Global Breastfeeding Institute to conduct a landscape study of current breastfeeding and infant/toddler feeding practices and resources across the state. This analysis will identify potential gaps and disparities through key informant interviews, parent surveys, and mapping of resources. From the landscape analysis findings and stakeholder input, we will design an enhanced Breastfeeding Friendly Child Care curriculum that complements existing educational resources for technical assistance providers (including additional training to enhance needed skills for implementing best practices.

Through the PDG Feasibility Study, a section will include an analysis of the existing infant toddler workforce. This analysis will be used to compare to data gathered in the *Who's Caring for Our Babies? Early Care and Education in North Carolina* completed in 2008 and 2016.

- [x] Licensed center-based
- [x] License exempt center-based
- [x] Licensed family child care home
- [x] License- exempt family child care home
- [x] In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

1) During FY 2019-2020, the Infant Toddler Quality Enhancement Project provided technical assistance and training across the state.

Projected output for training of child care staff: 2000 participants in infant toddler specific professional development courses Actual Output: 2481 participants;

Projected output for technical assistance in classrooms: 1365 teachers and administrators Actual Output: 1307 (low due to COVID-19 restrictions in fourth quarter of the fiscal year); 85% of infant toddler classrooms showing measurable improvement in quality on post-assessments following technical assistance Actual: 100%; 95% of technical assistance recipients reporting increased ability to apply the knowledge and skills gained through

technical assistance Actual: 99%;
95% of training recipients reporting increased ability to apply the knowledge and skills gained through training. Actual: 98%.

2) The number of early education professionals awarded scholarships through T.E.A.C.H. Early Childhood Program 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. Early Childhood Program 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.

3) The number of Child Care Health Consultants that receive consultation/coaching services on infant/toddler related services. Target: 26 Actual: 23

4) 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

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

Management is provided through a collaboration of three NC CCR&R Council Management 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 Quality Enhancement Project: The Infant Toddler Quality 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 Quality 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.

Family Child Care Homes are supported through the Child Care Resource and Referral core staff with guidance and direction from the Child Care Resource and Referral Statewide Family Child Care Home Project Manager. Services include professional development, technical assistance and resource support. A CCR&R landscape report on Family Child Care Homes, Family Child Care Home Project Report, published in August 2020, includes recommendations on how NC can support this business model or type of child care.

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.
In the Infant Toddler Quality Enhancement Project, select measurable indicators of progress demonstrating improvement in the quality of child care programs include: 1)Outcome - Percentage of infant toddler classrooms showing measurable improvement in quality on post assessments following technical assistance. In 2019-2020 n= 100% 2) Outcome - Percentage of technical assistance recipients reporting increased ability to apply the knowledge and skills gained through technical assistance. In 2019-2020 n=99% 3) Outcome - Percentage of training recipients reporting increased ability to apply the knowledge and skills gained through training. In 2019-2020 N=98%.

In each of the three CCR&R Core contracts a select measurable outcome which indicates progress in improving the quality of child care programs is the percentage of technical assistance recipients reporting confidence in their ability to apply the knowledge and skills gained through technical assistance. In 2019-2020, CCSA N= 97%; SWCDC

N= 97%; and CCRI N= 95%.

In the Healthy Social Behaviors (HSB) project, a select measurable indicator which demonstrates progress toward improving the quality of child care programs is the percentage of lead teachers receiving HSB technical assistance meeting 80% of their targeted international and programmatic goals identified by the CSEFEL Pyramid Model. In 2019-2020 N= 100%.

Another measurable indicator which demonstrates progress is the percentage of training and technical assistance recipients reporting feeling confident in their ability to apply the knowledge and skills gained through HSB training and technical assistance. In 2019-2020 N=98%.

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

CCDF quality funds are used to fund positions within NC 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 Child Care Health and Safety Resource Center (NC Resource Center) in 2020 released CCDF Health and Safety online training modules for early childhood providers. In 2021, the NC Resource Center released a new online training of the administration of medication in child care. The NC Resource Center supports a network of Child Care Health Consultants who work with local health departments and provide training and technical assistance to child care providers in all areas of health and safety, including immunizations. As a part of technical assistance, Child Care Health Consultants use a Health and Safety Assessment and Encounter Tool to conduct classroom observational assessments and to develop a quality improvement plan. Results are used to improve the health and safety behaviors and environment of classrooms and are looked at in aggregate to make suggestions for state-wide practice and policy improvements. A facility can be referred to a Child Care Health Consultant, if there is a compliance issue related to the health and safety standards to provide guidance in developing, implementing, and maintaining behavioral or environmental improvements.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- [ ] No
- [x] Yes. If yes, which types of providers can access this financial assistance?
  - [x] Licensed CCDF providers
  - [x] Licensed non-CCDF providers
  - [x] License-exempt CCDF providers
  - [x] Other

    Describe:

    Most of the required health and safety trainings are offered through the NC Child

Care Health and Safety Resource Center on NC DCDEE Moodle training platform for free for any licensed/licensed exempt child care provider. Another option for providers to meet the health and safety training requirement at a reduced rate is through a T.E.A.C.H. Scholarship for credit bearing courses. Persons can receive a substantial scholarship to complete EDU 153 Health, Safety and Nutrition which, when successfully completed, satisfies the health and safety requirements.

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Selected measurable indicators of progress relevant to facilitating a child care providers' compliance with state/territory health and safety requirements
are:

1) The number of CCHCs and other technical assistance providers who have successfully completed the Infant/Toddler Safe Sleep and Sudden Infant Death Syndrome Risk Reduction in Child Care train-the-trainer. Child care rules related to safe sleep practices for infants are included in this training. For FFY 2019, 41 individuals completed the Infant/Toddler Safe Sleep and SIDS Risk Reduction in Child Care online training course.

2) The number of CCHCs and other technical assistance providers who have successfully completed the Emergency Preparedness and Response (EPR) in Child Care train-the-trainer. Child care rules related to emergency preparedness and response in child care are included in this training. For FFY 2019, 21 Child Care Health Consultants or technical assistance specialist completed the Emergency Preparedness and Response in Child Care training.

3)The total number of Child Care Health Consultants. In 2021 NC DCDEE used CCDF to expand the number of Child Care Health Consultants so that there is statewide coverage. In addition to 20 newly, qualified CCHCs, 11 more will be hired upon completion of the CCHC qualifying course and other requirements. NC currently has a total of 52 active, qualified Child Care Health Consultants. Part of the technical assistance includes working with

providers to meet the various health and safety child care requirements.

4)The number of child care facilities receiving consultation and/or coaching services in counties not being served by Child Care Health Consultants in a North/Central county region. Mid-year 2020-2021, 290 child care programs had received CCHC consultation/coaching services in the North/Central county region.

5) The number of child care facilities receiving consultation and/or coaching services in counties not being served by Child Care Health Consultants in a South and Central county region. Mid-year 2020-2021, 272 child care programs had received CCHC consultation/coaching services in the South and Central county region.

In addition to selected standard contract deliverables, the NC Resource Center also offered or co-led three webinars related to the prevention of the spread of COVID-19. These included: COVID-19 Health, Screening, and Safety for Child Care Providers Call 2020: April 1, 2, 3; Re-Opening Child Care 2020: May 14, 15; COVID-19 Vaccines: Your Best Shot Against COVID-19 Event 2021: February 11, 17, 18, 19, 24. The NC Resource Center has also offered 15 COVID-19/vaccine roll-out webinar meetings for 70 unduplicated CCHCs and NC DCDEE Regulatory Supervisors since March 17th 2020.

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

☐ No

☑ Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

The 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.

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.

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

Measurable indicators of progress will be captured and evaluated through outcomes and outputs such as:

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 number of valid and reliable assessments completed is another way to measure progress. Between 9/1/2019 and 8/31/2020 NCRLAP project completed 1,276 DCDEE assessments in child care (n=1,203 assessments in centers and 73 in FCCHs).

Another measurable indicator of progress relevant to subsection 7.7 is the number of

programs which have either maintained four or five stars and the number of programs which have increased their star-rating. The baseline for these measurements will be comparing the upcoming percentages with percentages from previous years. The 2020 FFY QPR reflects the current percentage of licensed programs which have achieved four and five stars.

FCCH 1-Star 2-Star 3 Star 4 Star 5 Star

2008 31% 22% 17% 18% 12.4%

2012 18% 17% 27% 24% 13%

2016 14% 10% 30% 34% 13%

2018 9% 10% 31% 39% 12%

2019 10% 9% 30% 40% 13%

2020 9% 8% 29% 39% 12%

Child Care Centers 1-Star 2-Star 3 Star 4 Star 5 Star

2008 12% 10% 23% 26% 29%

2012 3.7% 2.2% 24% 29% 41%

2016 2% .61% 20% 26% 52%

2018 2% .37% 19% 25% 53%

2019 2.4% .41% 19% 25% 54%

2020 2.4% .46% 17% 22% 48%

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

☐ a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

☐ b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

☐ c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

☐ d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

☐ i. Focused on child care centers

Describe:

☐ ii. Focused on family child care homes

Describe:

☐ e. No, but the state/territory is in the in the development phase of supporting accreditation.

☐ i. Focused on child care centers

Describe:

☐ ii. Focused on family child care homes

Describe:

☑ f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

NA

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

The North Carolina Child Care Commission adopts the programs standards for child care for North Carolina, including the standards for infant and toddler care. These standards are often standards recommended by an early childhood partner and connected with evidenced-based research. 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 and a Promoting Healthy Social Behaviors Project. As a part of the Infant-Toddler Quality Enhancement Project, a new Infant Toddler Teacher Orientation was created to introduce teachers to the special considerations needed when working in an infant toddler classroom. It includes select information about state standards for care.

Three other EC entities which support training, assessment and technical assistance related to the state's program standards/rules are the NC Partnership for Children, the NC Child Care Health and Safety Resource Center of the University of NC Chapel Hill and the NC Rated License Assessment Project. The NC Partnership for Children funds the statewide Child Care Health Consultants who provide trainings related to child care health and safety standards. The NC Child Care Health and Safety Resource Center provides the train-the-trainer courses for the Child Care Health Consultant trainings and often recommends new rules or ways to amend rules to the NC Child Care Commission, the entity that adopts Child Care Rules for NC. The RC integrates the child care rules and their interpretation into all their trainings. The NC Rated License Assessment Project provides trainings to help providers improve scores on the Environmental Rating Scales. Completion of these scales is a requirement for programs to earn three to five stars in the star-rated license system.

b. Preschoolers

The North Carolina Child Care Commission adopts the programs standards for child care for North Carolina, including the standards for preschool children. These standards are often standards recommended by an early childhood partner and connected with evidenced-based research. NC 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. In addition, NC Community College System and the UNC University System has developed high quality program standards embedded within the competencies for the early childhood education program. These competencies have been agreed upon by both higher education systems. This is evident because in 2019 as statewide articulation agreement was put in place. NC DCDEE plans in the next three years to assemble a team to review and update the NC Pre-Kindergarten standards.

c. and/or School-age children.

The North Carolina Child Care Commission adopts the programs standards for child care for North Carolina, including the standards for school-age (SA) children. These standards are often standards recommended by a SA partner and connected with evidenced-based research. DCDEE currently uses quality funds for Child Care Resource and Referral and other SA entities that support trainings, assessment, and technical assistance related to the state's program standards/rules. A current project related to Out-of-School (OST) care and standards is NC DCDEE work with the YMCA and other OST providers to review the school-age standards to determine if rule amendments could be considered which would allow a diverse array of organizational models and programmatic approaches. Allowing diverse organizational models and programmatic approaches would increase the supply of available licensed school-age care.

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Measurable indicators of progress include outcomes, such as: 1) Infant Toddler Quality Enhancement Project- eighty five percent of infant-toddler classrooms will show measurable improvement in quality on post-assessments following technical assistance. 2) Promoting Healthy Social Behaviors Project, percentage of lead teachers receiving HSB technical assistance meeting 80% of their targeted international and programmatic goals identified by the CSEFEL Pyramid Model. 3) NC Child Care Health and Safety Resource Center – Percentage of child care providers served who increase healthy behaviors in child care facilities following consultation/technical assistance/training from the Child Care Health Consultant.

The annual statewide evaluation of NC Pre-Kindergarten conducted by the Frank Porter Graham Child Development Institute of The University of North Carolina at Chapel Hill examines and reports the effectiveness of the NC-Pre-kindergarten program. One measure is whether or not children who are enrolled in NC Pre-K exhibit better outcomes than children who are not enrolled. Other factors measured are what factors of quality impact children's level of oral language proficiency and what are the effects of the program on children who are dual language learners? Current evaluations are delayed due to COVID-19 impacts. The PDG funded, NC Pyramid Coaching Model Adaptation Project Pilot, will measure improvements in children's social and emotional development in NC Pre-Kindergarten classrooms. Measures will include child outcomes related to attendance, suspensions and academic achievement.

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

NC DCDEE has continued engage state-level education partners in efforts to support NC Pre-K/preschool to Kindergarten Transition. Though the COVID-19 pandemic halted many of

the strategies proposed for PDG B-5 Activity 4.2 "Transition to Kindergarten," DCDEE continued to engage NC Pre-K educators and administrators in transition best practices during the pandemic. DCDEE hosted a virtual training “Transitioning from NC Pre-K to Kindergarten During COVID-19” designed to offer alternate solutions and resources to parents of rising kindergarteners on ways to prepare children for transition. The training reached 52 preschool coordinators across the state. Follow-up presentations were conducted with Montgomery County School’s staff. In November 2020, DCDEE reconvened the Transitions Leadership Team. Attendees included representatives of state-level transition partners including the Division of Child Development and Early Education, NC Department of Public Instruction, Title I, Early Learning Network, North Carolina Smart Start Partnership, and the Office of Early Learning and Head Start. This cross-collaborative team has continued to meet monthly. On March 18, 2021, DCDEE is hosted a virtual training "Transition, Challenges, and Triumphs – Quarantine Edition” highlighting teachers from Iredell, Montgomery, Craven and Henderson counties who have excelled in Transition services during the pandemic. Through this process, a survey is currently is being administered to allow additional NC Pre-K teachers and administrators an opportunity to share their experiences for transitioning during the COVID-19 pandemic and describe ways in which DCDEE can better support them. Forthcoming activities planned for the coming year include designing a standardized process for NC Pre-K to Kindergarten transitions. DCDEE is also preparing to contract with the NC Department of Public Instruction to leverage the Department's partnership with the North Carolina Early Learning Network (ELN) to coordinate professional development and technical assistance for the Pre-K to Kindergarten Transition Pilot to facilitate shared learning, planning, and collaboration to support local transition to kindergarten efforts. The North Carolina Early Learning Network (ELN) will coordinate learning experiences focused on formative assessment, family engagement, and developmentally appropriate practices for young children transitioning children from Pre-K to Kindergarten.

The establishment of a state-level license for Teaching Strategies Distance Learning Solutions in August 2020, has begun operationalizing North Carolina's vision to establish sustainable and scalable processes for the sharing of individual child development information. Child specific developmental data will be shared electronically from all NC Pre-K classrooms to Kindergarten in school year 2021-2022. NC DCDEE is collaborating with

Teaching Strategies and the NC Department of Public Instruction to deliver customize professional development specifically addressing transitions entitled, “Getting Ready for Kindergarten: Supporting Pre-Kindergarten to Kindergarten Transitions.” This team is preparing to deliver over 140 sessions beginning April 2021 as a joint learning opportunity for 4,330 NC Pre-K and Kindergarten educators in support of North Carolina’s NC Pre-K/Preschool to Kindergarten Transition efforts. The purpose of this training will be to: 1) Offer NC Pre-K and kindergarten teachers a forum to discuss the plans that lead Pre-K teachers through the process of preparing children for Kindergarten with a particular focus on school readiness; 2) Facilitate NC Pre-K teachers in sharing with kindergarten teachers the preparation that took place in their classrooms to support the transition to kindergarten; 3) Facilitate NC Pre-K and kindergarten teachers in discussing the differences and similarities in the expectations of experiences that are provided to the children they serve; and (4) Examine Individual Child Reports to allow NC Pre-K and kindergarten teachers to determine how best to support children as they transition to kindergarten. This training is just the beginning of efforts facilitate electronic sharing of individual child data as a key component of successful transitions while further strengthening collaborations between NC Pre-K programs and their elementary school partners.

As part of the Early Literacy Program, the Department of Public Instruction will provide a training program to educators and administrators working with children in the NC Pre-K program to ensure developmentally appropriate instruction grounded in the Science of Reading and outcomes promoting reading achievement in students. The Department of Public Instruction will also ensure that an administration of a formative assessment to children at the conclusion of their participation in the NC Pre-K program to determine their kindergarten readiness and the alignment of their literacy instruction with the Science of 10 Reading. The Department shall also ensure that the results of each child's formative assessment are shared with the child's kindergarten teacher at the beginning of the next school year.

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

-- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

-- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF

-- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities

-- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- [x] a. Verifying and processing billing records to ensure timely payments to providers

Describe:

Child care providers enrolled in the NC Subsidized Child Care Assistance Program electronically submit monthly child attendance through the NC FAST Provider Portal. Attendance is entered for every day of each service month. NC FAST uses the attendance entered by the provider, information from each child's case (age, level of care, parent fee, etc), and details about the provider (county, star rating, and type of facility) to calculate accurate payment for that service month. All attendance must be submitted in the NC FAST Provider Portal by 9:00 p.m. on the 5th of every month and payments are deposited into providers' banking accounts between the 15th - 20th of that month. Payment summaries are generated within NC FAST and available for providers and local purchasing agency (LPA) child care workers to access for reconciliation and verification purposes.

☑ b. Fiscal oversight of grants and contracts

Describe:

NC 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.

☐ c. Tracking systems to ensure reasonable and allowable costs

Describe:

☑ d. Other

Describe:

LPA Subrecipient Monitoring and Child Care Provider Monitoring are completed by DCDEE Subsidy Section staff in accordance with the DCDEE monitoring plan. NC

Department of Health and Human Services evaluates the DCDEE monitoring activities annually to ensure internal controls are in place.

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

☑ a. Conduct a risk assessment of policies and procedures

Describe:

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.

☐ b. Establish checks and balances to ensure program integrity

Describe:

NA

☑ c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

LPAs are encouraged to complete second party reviews of a sample of records in their agencies. A second party review form is available and shared with LPAs. This is a best practice but not a program requirement.

☑ d. Other

Describe:

LPAs are required to complete a self-report tool, the LPA Monitoring Worksheet, as part of the Program Compliance Monitoring protocol. The LPA Monitoring Worksheet is reviewed by Program Compliance Consultants to identify areas of risk that are shared with Subsidy Services Technical Assistance Consultants.

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

☑ i. Issue policy change notices.

Describe:

Policy changes notices are published on the NC DCDEE website. Information about policy changes are also communicated to enrolled child care providers via an email listserv through the NC FAST Provider Portal.

☑ ii. Issue policy manual.

Describe:

The policy manual for the NC Subsidized Child Care Assistance Program is available on the NC DCDEE website.

☑ iii. Provide orientations.

Describe:

Local purchasing agencies and/or local departments of social services that administer the NC Subsidized Child Care Assistance Program are available to provide orientation to enrolled providers in their counties.

☑ iv. Provide training.

Describe:

NC DCDEE offers training for providers on the DCDEE website through the MOODLE platform which utilizes NCID (NC identity) authentication. Subsidized Child Care Assistance Program training on rules that were enacted on November 1, 2018 is found on MOODLE. These rules are 10A NCAC 10 .0309; .0313; and .0602.

A PowerPoint Presentation is available on the DCDEE Website to describe the Provider Compliance Unit activities. A template of the checklist used to assess the provider is also online.
https://ncchildcare.ncdhhs.gov/Learning-Resources/Provider-Compliance-Training

At each contact with providers, technical assistance is provided by the Provider Compliance Team. This is documented on the checklist form.

☑ v. Monitor and assess policy implementation on an ongoing basis.

Describe:

The Subsidy Services Provider Compliance team conducts on-going monitoring of providers receiving subsidy payments. This monitoring assesses the providers' compliance with the provisions of the Subsided Child Assistance Program Provider Agreement. Each of the four Provider Compliance Consultants completes 96 random evaluations each year.

The Subsidy Services Section Program Compliance Team monitors LPAs on a 3-year cycle. A sample of records (6% of children served with a floor of 5 and a ceiling of 150) is reviewed and scored for correct implementation of policies in eligibility determination and redetermination activities in each LPA. Written narrative monitoring reports containing scoring data from these activities are provided to the LPAs. Errors cited include policy references and explanations.

☑ vi. Meet regularly regarding the implementation of policies.

Describe:

The Provider Compliance Team holds weekly status meetings. In these meetings common themes in errors seen in provider evaluations are discussed. For the Program Compliance Team, information on common errors is provided to the Subsidy Services Policy Unit that develops training. This is done though a collaboration model. The Subsidy Services Section also holds monthly collaboration meetings to discuss policy issues and needed changes. Detailed notes are kept for these meetings and a rubric is also used to track topics, discussions, outcomes, and next steps.

☑ vii. Other.

Describe:

The Provider Compliance Team holds ongoing status meetings where monitoring is discussed to ensure consistency across the state in how provider monitoring is completed, scored, and documented.

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

☑ i. Issue policy change notices.

Describe:

Policy change notices (Administrative Letters and Dear County Director Letters) are sent to Lead Agency staff members and LPA staff members for review. They are also posted on the NC DCDEE website.

☑ ii. Train on policy change notices.

Describe:

The Technical Assistance Unit within the Subsidy Services Section reviews and provides training on policy change notices to staff members at LPAs who are administering the program. LPAs can also contact the Section's Policy Unit using a dedicated email address to receive policy guidance and consultation.

☑ iii. Issue policy manuals.

Describe:

The policy manual for the NC Subsidized Child Care Assistance Program is available on the NC DCDEE website.

☑ iv. Train on policy manual.

Describe:

The Technical Assistance Unit within the Subsidy Services Section provides training on policy to staff members at LPAs who are administering the program. LPAs can also contact the Section's Policy Unit using a dedicated email address to

receive policy guidance and consultation.

☑ v. Monitor and assess policy implementation on an ongoing basis.

Describe:

The Subsidy Services Section Program Compliance Team monitors LPAs on a 3-year cycle. A sample of records (6% of children served with a floor of 5 and a ceiling of 150) is reviewed and scored for correct implementation of policies in eligibility determination and redetermination activities in each LPA. Written monitoring reports containing scoring data from these activities are provided to the LPAs. Errors cited include policy references and explanations. The Subsidy Services Section Technical Assistance Team receives the monitoring report and detailed checklist for review. This allows for preparation of ongoing technical assistance and to target areas for training. In addition, a CAP Tracking Form is completed to identify all error records with an error related to errors found in the Error Rate Review. These Tracking Forms are provided to the Technical Assistance Team for intervention and targeted training with the LPAs.

☑ vi. Meet regularly regarding the implementation of policies.

Describe:

The Subsidy Services Section holds monthly collaboration meetings to discuss policy issues and needed changes. Detailed notes are kept for these meetings and a rubric is also used to track topics, discussions, outcomes, and next steps. There are also 2 monthly meetings with LPA/DSS staff where policy implementation can be discussed with staff who are administering the program.

☐ vii. Other.

Describe:

NA

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

The Program Compliance Team completes Inter-rater Reliability Reviews to ensure

consistency in the monitoring of LPAs. Peer reviews of monitoring reports are completed by the team. There is a management review process in place to review reports prior to release to LPAs.

The Provider Compliance Team completes peer review of Determinations of Non-Compliance. There is a management review of the determinations prior to sending to the provider.

Protocols for both provider and program compliance activities are examined annually to determine if any changes are needed. When needed, changes are implemented at the beginning of a monitoring cycle. (For Program Compliance there is a three-year cycle. These cycles coincide with the CCDF Plan periods.)

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations.** Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- ☐ i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

☑ ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

Provider Compliance Activities

The Client Services Data Warehouse (CSDW) is used to identify child care facilities reporting perfect attendance for any selected month. These providers are considered high risk and are prioritized for an assessment by the Provider Compliance Unit. The same report can be used to identify children with all absent attendance codes.Both reports can be generated for one or more months.These reports are available to the LPAs as well. Currently, only all present reports are being utilized.

Metrics planned for 21-24

- # all present completed
- # noncompliance resulting from all present
- # all absent completed
- # noncompliance resulting from all absent
    - 1st
    - 2nd
    - 3rd
- # noncompliance resulting from all present
    - 1st
    - 2nd
    - 3rd

☑ iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Child Care providers self-enroll within NC FAST.Data from the system of record (NC DCDEE Regulatory System) is in NC FAST.The provider must meet the requirements for subsidy participation to enroll.

Provider Compliance Activities

Child care providers keep regulatory-required attendances. This includes daily attendance and arrival and departure records. The Program Compliance Unit assesses the attendances against the attendance reporting completed by the

provider in the NC FAST Provider Portal. A CSDW report is the foundation for the attendance evaluation.

Provider Compliance Consultants evaluate provider attendance and determine a rate for accuracy and completeness.Accuracy is defined as no more than a 10% unsupported entry days rate.A completeness rate is defined by DCDEE as no more than 25% missing entries on the regulatory-required arrival and departure records.The accuracy rate determines whether a provider is in or out of compliance.Providers with an error rate greater than 10% receive a First Determination of Non-Compliance.A Second Determination of Non-Compliance occurs when there is a second instance of non-compliance within 2 years.The Second Determination of Non-Compliance results in preventing enrollment of new children receiving subsidized child care services for 1 year.A Third Determination of Non-Compliance in that same 2-year period results in termination from and permanent ineligibility to participate in SCCA.

Results:

Metrics planned for 21-24
- Number of random evaluations
- Number of random evaluations that turn into referrals (>10% error rate)
- Number of noncompliance actions
- Total funds due to financial corrections

Citation: 10A NCAC 10 .309 and .0601 and .0602

☑ iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

LPAs are encouraged to complete second party reviews of a sample of recipient records in their agencies. A second party review form is available and shared with LPAs. This is a best practice, but not a program requirement.

☐ v. Audit provider records.

Describe the activities and the results of these activities:

☑ vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

The Technical Assistance Unit within the Subsidy Services Section provides training on policy to staff members at LPAs who are administering the program. This is completed through face to face visits, remote meetings using Microsoft Teams, and through conference calls. The Technical Assistance Consultants also assist LPA staff with upcoming audits by periodically reviewing records and providing a monitoring checklist can LPA staff can use to ensure cases are processed per correct policies and procedures. LPAs can also contact the Section's Policy Unit using a dedicated email address to receive policy guidance and consultation.

☑ vii. Other

Describe the activities and the results of these activities:

When the Regulatory Services Section issues an Administrative Action against a child care provider and there are violations related to attendance records, the Program Compliance Unit evaluates attendance.The Program Compliance Auditor completes an evaluation of the attendances for the time frame cited in the Administrative Action against the attendance reporting completed by the provider in the NC FAST Provider Portal.

Results:

<u>Metrics planned for 21-24</u>

- Number of Reg Actions followed up
- Number noncompliance resulting from Reg Actions
    - 1st
    - 2nd
    - 3rd
- Number of providers with financial corrections
    - Errors
    - Noncompliance
        - 1st
        - 2nd
        - 3rd
- Total funds due to financial corrections

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

☑ i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The Program Compliance Team completes evaluations of randomly selected eligibility determinations performed by the LPAs. The LPA and DCDEE staff have access to the following programs and data bases though NC FAST: Employment Security Commission; Social Security Administration; Child Support Services; TANF; and Food and Nutrition Services. Data matching is not used for each record reviewed. When LPA staff utilize share/match data from other programs in determining eligibility, such as deeming income from FNS, Program Compliance Consultants review evidence entered into NC FAST for accuracy. When errors in eligibility determination and redetermination cause financial errors, corrections are required to the point of origin.

Results:

Metrics planned for 21-24

The number of LPAs monitored.

The number of LPAs with expected financial corrections.

The number of records reviewed

The number of LPAs in compliance.

☑ ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

Provider Compliance Activities

The Client Services Data Warehouse (CSDW) is used to identify child care facilities reporting perfect attendance for any selected month.These providers are considered high risk and are prioritized for an assessment by the Provider Compliance Unit. The same report can be used to identify children with all absent attendance codes.Both reports can be generated for one or more months.

Results
Number of providers reviewed as a result of all-present reports.
Number of providers identified as non-compliant.

☑ iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Child Care providers self-enroll within NC FAST.Data from the system of record (DCDEE Regulatory System) is in NC FAST.The provider must meet the requirements for subsidy participation to enroll.

Provider Compliance Activities

Child care providers keep regulatory-required attendances.This includes daily attendance and arrival and departure records.The Program Compliance Unit assesses the attendances against the attendance reporting completed by the provider in the NC FAST Provider Portal.A CSDW report is the foundation for the attendance evaluation.

Provider Compliance Consultants evaluate provider attendance and determine a rate for accuracy and completeness.Accuracy is defined as no more than a 10% unsupported entry days rate.A completeness rate is defined as no more than 25% missing entries on the regulatory-required arrival and departure records.The benchmark for fraudulent misrepresentation is established by Subsidized Child Assistance rules.The accuracy rate determines whether a provider is in or out of compliance.Providers with an error rate greater than 10% receive a First Determination of Non-Compliance.A Second Determination of Non-Compliance

occurs when there is a second instance of non-compliance within 2 years.The Second Determination of Non-Compliance results in preventing enrollment of new children receiving subsidized child care services for 1 year.A Third Determination of Non-Compliance in that same 2-year period results in termination from and permanent ineligibility to participate in SCCA.Providers are identified for fraudulent misrepresentation when there is a greater than 10% variance between the difference between the payment they received and the payment they should have received after all corrections for unsupported attendance are completed.

Citation: 10A NCAC 10 .0601 and .0602

☑ iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

LPAs are encouraged to complete second party reviews of a sample of records in their agencies. A second party review form is available and shared with LPAs. This is a best practice, but not a program requirement.

☐ v. Audit provider records.

Describe the activities and the results of these activities:

☐ vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

☑ vii. Other

Describe the activities and the results of these activities:

Provider Compliance Activities

When the Regulatory Services Section issues an Administrative Action against a child care provider and there are violations related to attendance records, The Program Compliance Unit evaluates attendance.The Program Compliance Auditor completes an evaluation of the attendances for the time frame cited in the Administrative Action against the attendance reporting completed by the provider in the NC FAST Provider Portal.

Results

Number of Administrative Actions reviewed for subsidy issues

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe an activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification a prevention of agency errors.

☐ i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

☐ ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

☐ iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

☑ iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Program Compliance Activities

The Program Compliance Unit completes evaluations of randomly selected eligibility determinations performed by the Local Purchasing Agencies (LPA).Errors in application of policies, rules, and laws in the administration the Subsidized Child Care Assistance program require corrections from the point of origin through the point of discovery and to the point when corrections are made.LPAs are required to repay incorrectly paid amounts t DCDEE.

Monitoring reports are shared with Technical Assistance Consultants so follow-up and training can occur as a result of identified errors.

Results

Metrics planned for 21-24

- Number LPAs monitored
- Number in compliance
- Number out of compliance
- Number with financial corrections
- Total overpayments

☐ v. Audit provider records.

Describe the activities and the results of these activities:

☑ vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

The Technical Assistance Unit within the Subsidy Services Section provides training on policy to staff members at LPAs who are administering the program. This is completed through face to face visits, remote meetings using Microsoft Teams, and through conference calls. The Technical Assistance Consultants also assist LPA staff with upcoming audits by periodically reviewing records and providing a monitoring checklist can LPA staff can use to ensure cases are processed per correct policies and procedures. LPAs can also contact the Section Policy Unit using a dedicated email address to receive policy guidance and consultation.

☐ vii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

Local Purchasing Agencies and NC DCDEE

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- [x] i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

The minimum dollar amount collected for fraudulent misrepresentation and error is $1.00.

Most work toward investigation of fraudulent misrepresentation with providers is completed by the LPAs.DCDEE reserves the right to initiate its own investigation. Overpayments made as a result of fraudulent misrepresentation are calculated by making retractive changes to attendance in NC FAST.Overpayments are collected as described in iii. and iv. below.

10A NCAC 10 .0308 (j)

When NC DCDEE initiates its own investigation, the LPA is required to assist with investigation of suspected fraudulent misrepresentation.Overpayments made as a result of fraudulent misrepresentation are calculated by NC FAST after retroactive changes are made to the attendance in NC FAST.Overpayments are collected as described in iii. and iv. below.

10 A NCAC 10 .0308 (g)

Recipient investigation of fraudulent misrepresentation is completed by the LPAs.Overpayment amounts are calculated by NC FAST after retroactive evidence is completed in NC FAST.

Metrics planned for 21-24
- Total provider cases
- Total overpayment
- Total amount recouped
- number of recipient reports for improper payments (from LPA)
- number of recipient sanctions for fraudulent misrepresentation (from LPA)

- number of provider reports for improper payments (from LPA)
- number of provider sanctions for fraudulent misrepresentation (from LPA)

☐ ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

☑ iii. Recover through repayment plans.

Describe the activities and the results of these activities:

When a provider stops participating in the SCCA program, the provider must make a repayment agreement with the LPA.

Citation: 10A NCAC 10 .0309 (d) (2)

Metrics planned for 21-24

Number of payment agreements set up with providers by LPAs.

Recipients make repayment agreements with the LPA.

10A NCAC 10 .0309 (d) (2)

Metrics planned for 21-24
- Number of payment agreements set up with recipients by LPAs.

☑ iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

When fraudulent misrepresentation occurs with a provider.The full amount of the overpayment is deducted from the provider's next payment(s). This is up to and including the full amount of the current payment(s).

Citation: 10A NCAC 10 .0309 (d) (2)

☐ v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

☐ vi. Recover through other means.

Describe the activities and the results of these activities:

☐ vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

☐ viii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

☐ i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.

☑ ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

The minimum dollar amount that is considered an improper payment is $1.00.

Metrics planned for 21-24
- Total provider cases
- Total overpayment
- Total amount recouped

☐ iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

☑ iv. Recover through repayment plans.

Describe the activities and the results of these activities:

Regarding recipients, investigations are conducted by LPAs.Often overpayments found in these investigations do not rise to the level of fraudulent misrepresentation.Recipients do repay funds resulting from inadvertent error.Repayment agreements are completed the with the LPA for overpayments related inadvertent errors.Payments collected from recipients are send to DCDEE for processing.

However, if the provider stops participating in the Subsidized Child Care Assistance Program, payment agreements are made with the LPA.Payments from these arrangements are collected by the LPA and processed by DCDEE.
10A NCAC 10 (c) (1)

Metrics planned for 21-24
- Total provider cases with deductions
- Total overpayment
- Total amount recouped
- Total provider cases with payment agreements with LPAs
- Total overpayment
- Total amount recouped
- Total recipient cases (with LPAs)
- Total overpayment
- Total amount recouped

☑ v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

Providers that continue participation in SCCA with determined overpayments as a result of Provider Compliance make repayment through deductions from future payments.A 20% deduction of future payments is set up through the State's payment system.

10 A NCAC 10 .0309 (b)

☐ vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

☐ vii. Recover through other means.

Describe the activities and the results of these activities:

☑ viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

The Subsidy Services Provider Compliance team consists of an auditor, lead worker, and 4 consultants. This team conducts on-going monitoring of providers receiving subsidy payments. This monitoring assesses the providers' compliance with the provisions of the Subsided Child Assistance Program Provider Agreement. Each of the four Provider Compliance Consultants completes 96 random evaluations each year. Improper payments identified in attendance comparisons are corrected by DCDEE staff. DCDEE issues overpayment letters and sets up deductions from future payments or works with the LPA if the provider ceases participation in SCCA.

☐ ix. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- [ ] i. N/A. the Lead Agency does not recover misspent funds due to agency errors.
- [x] ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

The minimum dollar amount collected for fraudulent misrepresentation and error is $1.00.

- [ ] iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

- [ ] iv. Recover through repayment plans.

Describe the activities and the results of these activities:

- [ ] v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

- [ ] vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

- [x] vii. Recover through other means.

Describe the activities and the results of these activities:

LPAs that have overpayments as a result of errors discovered in programmatic monitoring repay the amount of the errors from county funds.

- [ ] viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

☐ ix. Other

Describe the activities and the results of these activities:

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

☑ a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

Sanctions for Recipients:

10A_NCAC_10_Subsidized_Child_Care_Rules_April_1_2019.pdf (ncdhhs.gov)

10A NCAC 10 .0308

The Local Purchasing Agency or the Division shall impose sanctions for fraudulent misrepresentation when a recipient or someone claiming to be a recipient does the following: With intent to deceive, makes a false statement or representation regarding a material fact, omits or fails to disclose a material fact and as a result of the false statement or representation, or omission obtains, attempts to obtain, or continues to receive a child care subsidy for himself or herself or for another person.

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 shall be permanently ineligible to participate in the Subsidized Child Care Assistance Program.

Upon the first instance of fraudulent misrepresentation by someone claiming to be a recipient of child care subsidies, the individual claiming to be a recipient of child care subsidies shall be permanently ineligible to participate in the Subsidized Child Care Assistance Program.

A recipient shall also be permanently ineligible to participate in the Subsidized

Child Care Assistance Program if convicted of fraudulent misrepresentation pursuant to G.S. 110-107. When a court of competent jurisdiction finds a recipient guilty of fraudulent misrepresentation pursuant to G.S. 110-107, the sanction imposed is not subject to appeal.
Sanctions shall be effective 10 days from the date of notice of the sanction.

Metrics planned for 21-24

- # of recipient reports for improper payments (from LPA)
- # of recipient sanctions for fraudulent misrepresentation (from LPA)

Appeal for Recipient:
Appeals by recipients for sanctions issued by the Local Purchasing Agency shall be made in accordance with G.S. 108A-79.

☑ b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:
10A_NCAC_10_Subsidized_Child_Care_Rules_April_1_2019.pdf (ncdhhs.gov)
-
10A NCAC 10 .0308

Sanctions for Child Care Providers:
Local Purchasing Agency or the Division shall impose sanctions for fraudulent misrepresentation when an operator or someone claiming to be an operator does the following: With intent to deceive, makes a false statement or representation regarding a material fact, omits or fails to disclose a material fact, or submits inaccurate records; and as a result of the false statement or representation, omission, or submission of inaccurate records, obtains, attempts to obtain, or continues to receive a child care subsidy for himself or herself or for another person; or has an error rate in excess of 10 percent.

"Error rate" means the difference between the correct monthly payment and the monthly payment received divided by the monthly payment paid. The "correct monthly payment"

shall mean the amount that should have been paid if the records submitted had not contained any errors.

"Error" shall mean that for each child the operator marks as present for a particular day on attendance entered into the automated provider portal for purposes of payment from the Subsidized Child Care Assistance Program:

Neither the daily attendance records required to be kept in accordance with 10A NCAC 09 .0302(d)(3) and .1721(e)(6) nor the records of arrival and departure times required to be kept in accordance with 10A NCAC 09 .0302(d)(4) and .1721(e)(6) show the child marked present; or either the daily attendance records required to be kept in accordance with 10A NCAC 09 .0302(d)(3) and .1721(e)(6) or the records of arrival and departure times required to be kept in accordance with 10A NCAC 09 .0302(d)(4) and .1721(e)(6) show the child marked absent.

The benchmark for fraudulent misrepresentation is established by Subsidized Child Assistance rules.Providers are identified for fraudulent misrepresentation when there is a greater than 10% variance between the difference between the payment they received and the payment they should have received after all corrections for unsupported attendance are completed.

Sanctions for fraudulent misrepresentation shall be as follows: 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 shall be permanently ineligible to participate in the Subsidized Child Care Assistance Program. Upon the first instance of fraudulent misrepresentation by an operator who is not an owner, 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 shall be permanently ineligible to participate in the Subsidized Child Care Assistance Program in the capacity of an operator. Upon the first instance of fraudulent misrepresentation by someone claiming to be a provider, the individual claiming to be a provider of child care subsidies shall be permanently ineligible to participate in the Subsidized Child Care Assistance Program.

An operator shall also be permanently ineligible to participate in the Subsidized Child Care Assistance Program if convicted of fraudulent misrepresentation pursuant to G.S.

110-107. When a court of competent jurisdiction finds an operator guilty of fraudulent misrepresentation pursuant to G.S. 110-107, the sanction imposed is not subject to appeal.
Sanctions pursuant to this Rule shall be effective 10 days from the date of notice of the sanction.
If the Division issues a sanction in accordance with this Rule, prior to taking any action, the Division shall notify the operator of the proposed action and the operator shall have 15 days to provide information to the Division as to why the action should not be taken. This provision shall not apply to sanctions issued by the Local Purchasing Agency.
If an operator subject to a sanction purchases an existing child care facility or opens a new facility, the sanction in effect against the operator shall attach to the new or existing child care facility
Metrics planned for 21-24

Provider Appeals
10A_NCAC_10_Subsidized_Child_Care_Rules_April_1_2019.pdf (ncdhhs.gov)

10A NCAC 10 .0308

An operator may appeal any sanction imposed; however, if the Division issues any sanction pursuant to this Rule, the operator may appeal directly to the Division.
Procedures for an operator to appeal to the Local Purchasing Agency are as follows:
(1) An operator wishing to contest an action shall contact the Local Purchasing Agency in writing to request an initial review. Requests shall be made within 30 calendar days after the date of the Local Purchasing Agency action.
(2) The Local Purchasing Agency shall make a determination on the initial review within 10 business days of the request for an initial review. Within 30 calendar days of notice of the determination of the initial review by the Local Purchasing Agency, the operator may request a local appeal hearing by the Local Purchasing Agency.
(3) The local appeal hearing shall be held within five business days of receipt of the request for a hearing. The Local Purchasing Agency shall grant a delay of up to 10 additional business days at the written request of the operator, but in no event shall the local appeal hearing be held more than 15 business days after the receipt of the request for a hearing.
(4) The Local Purchasing Agency shall serve a written statement of decision within 10

business days following the local hearing. The decision shall include the facts and conclusions that support the determination by the Local Purchasing Agency.
(5) The Local Purchasing Agency shall include with its written statement of decision instructions for appealing its decision.
(6) If the operator is not satisfied with the final decision of the Local Purchasing Agency, he or she may appeal to the State Subsidy Services Appeals Panel by filing a notice of appeal within 30 calendar days of receipt of the written statement of decision.

Metrics planned for 21-24
- Number of providers sanctioned for >10% financial error

Provider Appeals
10A_NCAC_10_Subsidized_Child_Care_Rules_April_1_2019.pdf (ncdhhs.gov)

10A NCAC 10 .1204
10A NCAC 10 .1205

Operator Appeal to the Division:
An operator to whom a Local Purchasing Agency has issued a sanction may appeal the decision of a Local Purchasing Agency or the Division to the State Subsidy Appeals Panel within 15 calendar days after having exhausted the appeals process at the appropriate Local Purchasing Agency or within 15 calendar days after the Division takes action as described below:
Upon notification of an appeal filed pursuant to this Section, the Local Purchasing Agency shall, within five business days of the date of notification, forward the appeal record to the Division Director or Subsidy Appeals Coordinator, with a copy to the appellant, consisting of the following:
(1) a copy of its final decision;
(2) the signed agreement between the Local Purchasing Agency and the operator, where applicable; and
(3) all supplementary documentation considered during the local appeals process.

The Panel shall complete its review and notify the appealing party and the Local Purchasing Agency of its decision in writing within 30 business days of the Panel's receipt of the appeal record as follows:
(1) the decision shall include the facts and conclusions that support the determination by

the Panel; or
(2) the decision may be delayed up to an additional 15 business days if the Panel lacks sufficient information to render a decision at the initial administrative review. The Panel may request additional information from the Local Purchasing Agency or the operator.

The appealing party may appeal the administrative review decision by filing a petition for a contested case hearing pursuant to G.S. 150B-23 and in accordance with G.S. 110-94. Appeals from the Panel shall be filed within 30 calendar days of notice of the Panel's decision, in accordance with G.S. 150B-23(f).
The administrative review decision may direct a Local Purchasing Agency to take an action or reverse an action based upon its review of the record as set forth in Paragraph (b) of this Rule.
An operator may appeal a final determination by filing a petition for a contested case hearing pursuant to G.S. 150B-23 and in accordance with G.S. 110-94.
Metrics planned for 21-24
- Number of appeals for NC DCDEE actions
- Number of appeals for LPA actions

☐ c. Prosecute criminally.
Describe the activities and the results of these activities:
NA

☑ d. Other.
Describe the activities and the results of these activities:
Upon the first instance that the Division or the Local Purchasing Agency determines a facility is out of compliance with any requirement for participation the Division shall:
(1) notify the operator of the non-compliance; and
(2) issue a corrective action plan to address the areas of non-compliance and assist the facility to come into compliance; and
(3) set a time limit for the operator to complete the corrective action plan depending upon the nature of non-compliance.
Upon the second instance in a two-year period that the Division or the Local Purchasing Agency determines a facility is out of compliance with any requirement for participation, the operator shall be prohibited from enrolling new children who receive subsidized child care for one year, and the Division shall:

(1) notify the operator of the non-compliance; and
(2) issue a corrective action plan to address the areas of non-compliance and assist the facility to come into compliance; and
(3) set a time limit for the operator to complete the corrective action plan depending upon the nature of non-compliance.
An operator who fails to maintain compliance in accordance with Paragraph (b) of this Rule three times in a two-year period shall be terminated from and permanently ineligible to participate in the Subsidized Child Care Assistance Program.

If the operator fails to complete the corrective action plan within the required timeframe, the Division shall terminate the owner participation in the Subsidized Child Care Assistance Program and the owner or any operator who is not an owner shall be permanently ineligible to participate in the Subsidized Child Care Assistance Program.
"Requirements for participation" in the Subsidized Child Care Assistance Program include:
(1) maintaining complete and accurate daily attendance records in accordance with 10A NCAC 09 .0302(d)(3) and .1721(e)(6);
(2) maintaining complete and accurate records of arrival and departure times for each child in accordance with 10A NCAC 09 .0302(d)(4) and .1721(e)(6);
(3) submitting accurate records of attendance for each child participating in the Subsidized Child Care Assistance Program to the Subsidized Child Care Assistance Program;
(4) maintaining compliance with all of the requirements set forth in this Chapter; and
(5) complying with the terms and conditions of the Subsidized Child Care Assistance Program's Provider Agreement.

"Complete records" shall mean records having an indication of absent or present for each day a child is scheduled to attend the facility and "accurate records" shall mean attendance records with an error rate no greater than 10 percent.

For purposes of this Rule, "error" shall mean that for each child the operator marks as present for a particular day on attendance sheets submitted through the automated provider portal for purposes of reimbursement from the Subsidized Child Care Assistance Program:
neither the daily attendance records required to be kept in accordance with 10A NCAC

09 .0302(d)(3) and 10A NCAC 09 .1721(e)(6) nor the records of arrival and departure times required to be kept in accordance with 10A NCAC 09 .0302(d)(4) and .1721(e)(6) show the child marked present; or

(2)either the daily attendance records required to be kept in accordance with 10A NCAC 09 .0302(d)(3) and 10A NCAC 09 .1721(e)(6) or the records of arrival and departure times required to be kept in accordance with 10A NCAC 09 .0302(d)(4) and .1721(e)(6) show the child marked absent.

(d) For purposes of this Rule, "error rate" shall mean the total number of errors divided by the total number of entries showing the daily attendance of children on attendance sheets submitted through the automated provider portal for the purpose of reimbursement from the Subsidized Child Care Assistance Program.

(e) For purposes of this Rule, "requirements for participation" in the Subsidized Child Care Assistance Program shall include:

(1) maintaining complete and accurate daily attendance records in accordance with 10A NCAC 09 .0302(d)(3) and .1721(e)(6);

(2) maintaining complete and accurate records of arrival and departure times for each child in accordance with 10A NCAC 09 .0302(d)(4) and .1721(e)(6);

(3) submitting accurate records of attendance for each child participating in the Subsidized Child Care Assistance Program to the Subsidized Child Care Assistance Program;

(4) maintaining compliance with all of the requirements set forth in this Chapter; and

(5) complying with the terms and conditions of the Subsidized Child Care Assistance Program's Provider Agreement.

Upon request for review by a local, state, or federal agency representative, the operator of a child care facility shall immediately provide all records pertaining to his or her participation in the state's Subsidized Child Care Assistance Program. These records include:

(1) daily attendance records kept in accordance with 10A NCAC 09 .0302(d)(3) and .1721(e)(6);

(2) records of arrival and departure times for each child kept in accordance with accordance with 10A NCAC 09 .0302(d)(4) and .1721(e)(6);

(3) records of attendance maintained for purposes of the federal Child and Adult Care Food Program; and

(4) any other records that show children's attendance at the facility.

If the Local Purchasing Agency determines a facility to be out of compliance with any requirement for participation in the Subsidized Child Care Assistance Program, the Local Purchasing Agency shall notify the Division of the noncompliance within five days of its determination.

An operator may appeal a determination of noncompliance or permanent ineligibility under this Rule if Local Purchasing Agency makes the determination of non-compliance or permanent ineligibility or if the Division makes the determination of non-compliance or permanent ineligibility.

110A NCAC 10 .0602

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered extraordinary circumstance waivers to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

☑ **Appendix A.1:** The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.

North Carolina is seeking relief in completing the Market Rate Survey within the required timeframe cited in 45 CFR §98.45 (c) (1) based on extraordinary circumstances. The COVID-19 outbreak is extraordinary in that it's defined as a national and state public health emergency and pandemic causing a great amount of disruption, including school and work closings, as well as recommendations to social distance, and telework among other numerous recommendations. The NC Division of Child Development and Early Education plans to gather the data for the Market Rate Survey Fall 2021, then complete the Market Rate Survey Report by May 2021.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

Instead of the typical Market Rate Survey, the Division conducted a COVID Impact Survey in January 2021 seeking information about how the pandemic affected child care programs' enrollment, operation and fees. This survey will be used to inform the distribution of over a billion dollars in federal aid that has been awarded to NC for child care assistance. NC DCDEE's hope is that by October of 2021 the child care market and economy as a whole will have stabilized to a point where typical market rate surveys can resume and provide reliable data. The data collected from the market rate survey conducted in the fall of 2021 will be used in early 2022 to help establish appropriate post-pandemic child care reimbursement rates.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

NC DCDEE is utilizing existing child care market rates gathered as recently as 2018 to reimburse child care providers for care services. In some age groups and counties the providers are being paid at 100% of the 2018 rate. In addition, during the COVID pandemic NC DCDEE has paid all parent co-payments for a number of months, provided operational grants with very few limitations on expenditure to all licensed

child care providers, and also bonus payments to all facility staff, including teachers, administrators and others. Also, during the Stay at Home Order, NC DCDEE used CARES Act dollars to fund an Emergency Subsidy Program for Essential Workers with enhanced eligibility requirements. NC DCDEE offered an Emergency School Age Program for Remote Learning Sites. Through the current regular rate of subsidy reimbursement and through the additional payments being made to providers, the Division has certified that the health, safety and well-being of children have not been compromised as a result of the delay in the market rate survey. In addition, the Division believes that delaying the survey is protecting the interests of providers and children by choosing not to collect and report economic and enrollment data that are not representative of a 'typical' child care market.