

OMB Control No: 0970-0114

Expiration date: 03/31/2027

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

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Work in Progress as of 2024-06-07 19:51:14 GMT

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

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

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Overview

Introduction

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

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

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

Organization of Plan

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

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

Completing the Plan

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

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

Review and Amendment Process

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

Appendix 1: Implementation Plan

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

CCDF Plan Submission

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

1 CCDF Program Administration

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

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

1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the State or Territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications.

1.1.1 Designated Lead Agency

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

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: **Cabinet for Health and Family Services (CHFS)/ Department for Community Based Services (DCBS)/Division of Child Care (DCC)**
 - ii. Street Address: **275 East Main Street, 3W-A**
 - iii. City: **Frankfort**
 - iv. State: **Kentucky**
 - v. ZIP Code: **40621**
 - vi. Web Address for Lead Agency:
<https://www.chfs.ky.gov/agencies/dcbs/dcc/Pages/default.aspx>
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Lesia**
 - ii. Lead Agency Official Last Name: **Dennis**
 - iii. Title: **DCBS Commissioner**
 - iv. Phone Number: **502-564-3703**
 - v. Email Address: **lesia.dennis@ky.gov**

1.1.2 CCDF Administrator

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

- a. CCDF Administrator contact information:

- i. CCDF Administrator First Name: **Andrea**
- ii. CCDF Administrator Last Name: **Day**
- iii. Title of the CCDF Administrator: **Director, Division of Child Care**
- iv. Phone Number: **502-564-2524**
- v. Email Address: **andreat.day@ky.gov**
- b. CCDF Co-Administrator contact information (if applicable):
 - i. CCDF Co-Administrator First Name: **Shannon**
 - ii. CCDF Co-Administrator Last Name: **Hall**
 - iii. Title of the CCDF Co-Administrator: **DCBS Executive Advisor**
 - iv. Phone Number: **606-475-5521**
 - v. Email Address: **ShannonR.Hall@ky.gov**
 - vi. Description of the Role of the Co-Administrator: **Support the Division of Child Care Director and Lead Agency with regulatory oversight**

1.2 CCDF Policy Decision Authority

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

1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

- a. ☒ All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)
- b. ☐ Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply:
 - i. Eligibility rules and policies (e.g., income limits) are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:

- ii. Sliding-fee scale is set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
 - ☐ State or Territory.
 - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).
 - ☐ Other. Identify the entity and describe the policies the entity can set:
- vii. Other. List and describe any other program rules and policies that are set at a level other than the State or Territory level:

1.2.2 Entities implementing CCDF services

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

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

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	☒	☒	☐	☐	☐ Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who assists parents in locating child care (consumer education)?	☒	☒	☐	☒	☐ Describe:
Who issues payments?	☒	☐	☐	☐	☐ Describe:

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CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who monitors licensed providers?	☒	☐	☐	☐	☒ Describe: The Division of Child Care (DCC) contracts with the Cabinet's Office of the Inspector General (OIG), Division of Regulated Child Care (DRCC) for the inspection, licensing, and certification of licensed child care centers and certified family child care homes pursuant to Kentucky statutes and regulations. Regional DRCC staff are responsible for conducting on-site visits and investigating complaints of all Kentucky

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					licensed child care programs and certified family child care homes to ensure compliance with applicable child care regulations.
Who monitors license-exempt providers?	☒	☐	☐	☐	☐ Describe:
Who operates the quality improvement activities?	☒	☐	☐	☒	☒ Describe: Family Child Care Network of Kentucky (FCCN)

1.2.3 Information systems availability

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

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

a. Tasks to be performed.

☒ Yes. If yes, describe: **The Lead Agency's Division of Administration and Financial Management (DAFM) is responsible for the department's financial management and budget activities through oversight, monitoring, auditing, and assuring process compliance with CCDF requirements at § 98.65(h), federal auditing procedures, and CHFS's policies and procedures. This includes routine monitoring of contracts and agreements. CHFS may issue penalties of up to 5% of the total amount of the contract for failure to perform services outlined within a contract's scope of work. If CHFS elects not to exercise any of the penalty clauses in a particular instance, a corrective action plan may be issued to facilitate resolving performance issues prior to The Lead Agency's Division of Administration and Financial Management (DAFM) is responsible for the department's financial management and budget activities through oversight, monitoring, auditing, and assuring process**

compliance with CCDF requirements at § 98.65(h), federal auditing procedures, and CHFS's policies and procedures. This includes routine monitoring of contracts and agreements. CHFS may issue penalties of up to 5% of the total amount of the contract for failure to perform services outlined within a contract's scope of work. If CHFS elects not to exercise any of the penalty clauses in a particular instance, a corrective action plan may be issued to facilitate resolving performance issues prior to imposing penalties. The agency's current contract requires the monitoring of the scope of work. The scope of work outlines activities and expected outcomes, timeframes, and a submitted budget which itemizes the expenditures associated with contract deliverables. Each contract vendor meets with the Lead Agency on a monthly basis to review deliverables and to see if the contract agency needs any additional supports from the Lead Agency.

☐ No. If no, describe:

- b. Schedule for completing tasks.

☒ Yes. If yes, describe: **Each contract vendor meets with the Lead Agency on a monthly basis to review deliverables and to see if the contract agency needs any additional supports from the Lead Agency.**

☐ No. If no, describe:

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

☒ Yes. If yes, describe: **The Lead Agency's Division of Administration and Financial Management (DAFM) is responsible for the department's financial management and budget activities through oversight, monitoring, auditing, and assuring process compliance with CCDF requirements at § 98.65(h), federal auditing procedures, and CHFS's policies and procedures.**

☐ No. If no, describe:

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

☒ Yes. If yes, describe: **The Lead Agency's Division of Administration and Financial Management (DAFM) is responsible for the department's financial management and budget activities through oversight, monitoring, auditing, and assuring process compliance with CCDF requirements at § 98.65(h), federal auditing procedures, and CHFS's policies and procedures. This includes routine monitoring of contracts and agreements. CHFS may issue penalties of up to 5% of the total amount of the contract for failure to perform services outlined within a contract's scope of work. If CHFS elects not to exercise any of the penalty clauses in a particular instance, a corrective action plan may be issued to facilitate resolving performance issues prior to imposing penalties. The agency's current contract requires the monitoring of the scope of work.**

☐ No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **Each contract vendor meets with the Lead Agency on a monthly basis to review deliverables and to see if the contract agency needs any additional supports from the Lead Agency. Each contract vendor also submits monthly and/or quarterly reports outlining their progress on contract deliverables.**

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

☐ Yes.

☒ No. If no, describe: **CHFS's information systems and information technology policy apply to all internal CHFS employees, consultants, temporary personnel, third party providers under contract with a CHFS agency, and other entities that interact with CHFS information related resources. This policy covers the applicable computer software, application, configuration, business data, and data communication systems. Although such a request has not been received to date, Kentucky would share information technology or systems upon request of another public agency to the extent practicable and appropriate.**

The Kentucky Integrated Child Care System (KICCS) is the data management system for child care in the state. Data from this site is compiled annually through reports generated by the Kentucky Center for Statistics (KYSTATS). Reports are also available to the public upon request.

Web Link: (<https://kystats.ky.gov/>) KYSTATS

In 2018, CHFS introduced an online portal (Integrated Eligibility and Enrollment Solution (IEES)) for Kentucky assistance and support programs, including the state's child care subsidy program. The portal pulls real-time data directly from KICCS. The portal includes a child care provider search that allows anyone (public included) to search licensed and certified child care providers by numerous criteria. Provider profiles include a detailed inspection history, costs, hours of operation, and subsidies available.

Weblink: (https://kynect.ky.gov/s/?language=en_US) kynect Home

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

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

☒ Yes.

☐ No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

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

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

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

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The Lead Agency consults with general-purpose local government through a variety of ways. First, the Division of Child Care (DCC) consults with general-purpose local government through its participation in the Kentucky Regional Collaborative Network, formerly known as the Community Early Childhood Councils (CECCs). DCC also consults with the Family Child Care Network of Kentucky. The Family Child Care Network of Kentucky is comprised of an experienced and devoted group of Family Child Care Specialists who have been selected to visit and work with providers in their home (place of business).**

Regional Child Care Administrators through the Kentucky Child Care Aware Network of Services also solicit feedback from local government entities within their assigned regions and share this input back with the Lead Agency through established structures for communication and information sharing.

- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **Per KRS 200.700, the Kentucky State Child Care Administrator is a statutorily mandated, voting member of the Early Childhood Advisory Council (ECAC), as is the CHFS Secretary. The ECAC meets at least quarterly and at other times upon call of the chair or majority of the council. The ECAC is charged with making recommendations to Cabinet for Health and Family Services (CHFS).**

Members of the ECAC were asked to serve on a stakeholder group that offered feedback prior to the development of the CCDF plan. Other selected members of the ECAC were asked to participate in work groups that created the new draft of the state plan. All ECAC members received a personal invitation to the public hearing of the CCDF plan, and

feedback generated from the public hearing will be incorporated into the final draft of the plan. Kentucky also has a Child Care Advisory Council (CCAC). This council is consulted for continuous feedback during its quarterly meetings. Additionally, council members were asked to serve on the stakeholder group.

Citation: (<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=53316>) KRS 199.8983 Kentucky Child Care Advisory Council

Citation: (<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=42145>) KRS 200.707 Community early childhood councils

Citation: (<http://web.sos.ky.gov/execjournalimages/2018-MISC-2018-0581-256431.pdf>) EO 2018-0581 Executive order relating to the reorganization of various education boards & councils

- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **N/A**
- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **The CCDF State Plan preliminary draft goes through multiple opportunities for review and revisions. The process includes an internal review, a recommendation and comment period for fellow state agencies and departments involved in the development of the state plan, and a 30-day public comment period for public and private entities to submit written comments and attend a public hearing regarding the CCDF State Plan. The state plan draft is posted on the Lead Agency's website and is circulated for feedback through the advisory councils.**

Web Link: (<https://chfs.ky.gov/agencies/dcbs/dcc>) Division of Child Care

The following list of agencies and partnerships on the CCDF State Plan is not all inclusive: Office of the Inspector General, Department for Public Health, State Coordinator for Homelessness, Division of Family Support, Department for Behavioral Health and Intellectual Disabilities, Kentucky Child Care Aware Child Care Resource and Referral Network of Services, Department of Workforce Development, Department of Education, Child and Adult Care Food Program, Head Start and Early Head Start grantees, Kentucky Head Start Association, Governor's Office of Early Childhood, Kentucky Youth Advocates, Prichard Committee for Academic Excellence, United Way of Kentucky, Save the Children, Learning Grove, Child Care Advocates of Kentucky.

1.3.2 Public hearing process

Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan.

Describe the Statewide or Territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan.

- i. Date of the public hearing: **6/27/2024**

Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most

recent hearing date, or any hearing date that demonstrates this requirement).

- ii. Date of notice of public hearing: **6/7/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

☒ Yes.

☐ No. If no, describe:

- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **Statewide child care provider listserv, DCBS social media pages, Child Care Aware of Kentucky social media pages, DCC website, advisory council meetings, and posting the CCDF State Plan draft of the website for public comment review.**

Web Link: (<https://chfs.ky.gov/agencies/dcbs/dcc>) Division of Child Care

The Legislative Research Commission posts a calendar of standing and interim committee meetings, as well as a daily calendar, accessible from the main site.

Web Link: (<https://legislature.ky.gov/Schedules-Calendar/Pages/default.aspx>)

Kentucky General Assembly Schedules & Calendars - Legislative Research Commission

- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The public hearing was conducted through a Zoom meeting. The link was sent out in advance of the meeting so that all child care providers and agencies had the opportunity to attend if desired.**

- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The preliminary plan is submitted in hardcopy to the Legislative Research Commission and made available through the Internet and email distribution. The Kentucky Legislature makes an effort to ensure the pages of their website are accessible to individuals with disabilities in accordance with Section 508 of the Rehabilitation Act. Additionally, the Commonwealth of Kentucky has adopted the World Wide Web Consortium Web Content Accessibility Guidelines 1.0 Conformance Level Double-A. The Commonwealth of Kentucky provides, upon request, reasonable accommodations, including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs, and activities. To request materials in an alternative format, each agency's website provides information for contacting the person or persons responsible for providing the service within the agency. Persons with hearing and speech impairments can contact each agency by using the Kentucky Relay Service, a toll-free telecommunications device for the deaf (TDD). For voice**

to TDD, call 800-648-6057. For TDD to voice, call 800-648-6056.

Citation: Accessibility - Legislative Research Commission. The Cabinet for Health and Family Services also has a Language Access Section (LAS) within the Office of Human Resources Management that can translate documents into various languages.

- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **Public comments received through public hearing(s), stakeholder meetings, and written submissions are recorded and reviewed for consideration. Amendments to the drafted content were made as a result of public comment when appropriate.**

1.3.3 Public availability of final Plan, amendments, and waivers

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

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes.
<https://www.chfs.ky.gov/agencies/dcb/dcc/Pages/default.aspx>
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
 - i. ☒ Working with advisory committees. Describe: **KRS 200.700 states the Kentucky State Child Care administrator is a statutorily mandated voting member of the Early Childhood Advisory Council (ECAC), as is the CHFS Secretary. The ECAC meets at least quarterly and at other times upon call of the chair or majority of the council. The ECAC is charged with making recommendations to CHFS. The State Administrator provided ECAC members with a link to the draft of the state plan prior to the public hearing, invited them to attend the public hearing, and solicited their feedback. The link to review the state plan draft will also be sent to CCAC members for feedback.**
Citation: <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=52409>
 - ii. ☒ Working with child care resource and referral agencies. Describe: **The Lead Agency contracts with the University of Kentucky for Child Care Aware Network of Services, which works in coordination on the development of the CCDF State Plan.**
 - iii. ☐ Providing translation in other languages. Describe:
 - iv. ☒ Sharing through social media (e.g., Facebook, Instagram, email). Describe: **The Kentucky Department for Community Based Services and Child Care Aware of Kentucky social media accounts will be utilized to advertise the public hearing.**
 - v. ☒ Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **Kentucky's State Plan is posted on the Division of Child Care's website and filed with the Legislative Research Commission, which coordinates opportunities for**

public hearing(s) in accordance with Kentucky Revised Statute (KRS) Chapter 45. Notices to stakeholder groups are also made via the Lead Agency's listserv.

- vi. ☒ Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **Kentucky Out of School Alliance (KYOSA) is a member of the Child Care Advisory Council and was in attendance when the state plan was discussed.**
- vii. ☒ Direct communication with the child care workforce. Describe: **A DCC listserv message was sent to all active providers and partners on Friday, June 7, 2024 notifying them that a draft of the State Plan was available for review on the DCC Website and that a public hearing would be held via Zoom on Thursday, June 27, 2024.**
- viii. ☐ Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

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

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

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

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents' employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

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

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe

those elements checked.

- i. ☐ Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:
- ii. ☒ Leveraging eligibility from other public assistance programs. Describe: **Kentucky has a "one case" concept, which enables the client to apply for multiple programs at one time and allows for shared documentation across programs to verify eligibility.**
- iii. ☐ Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe:
- iv. ☒ Self-assessment screening tools for families. Describe: **Kentucky has a "Prescreening Tool" that clients can use to see if their household may be potentially eligible for benefits. This tool can be found at https://kynect.ky.gov/benefits/s/?language=en_US**
- v. ☐ Extended office hours (evenings and/or weekends).
- vi. ☒ Consultation available via phone.
- vii. ☒ Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **Department for Community Based Services (DCBS)/Family Support staff has thirty (30) days from the date of application to determine eligibility. All returned documentation must be processed by the requested due date.**

Citation: CCAP Policy Manual, Volume VIII (MS 1520)

- viii. ☐ None.
- b. Does the Lead Agency use an online subsidy application?
☒ Yes.
☐ No. If no, describe why an online application is impracticable.
- c. Does the Lead Agency use different policies for families receiving TANF assistance?
☐ Yes. If yes, describe the policies:
☒ No.

2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.
 - i. ☒ Advance notice to parents of pending redetermination.
 - ii. ☒ Advance notice to providers of pending redetermination.
 - iii. ☐ Pre-populated subsidy renewal form.

- iv. ☒ Online documentation submission.
 - v. ☐ Cross-program redeterminations.
 - vi. ☐ Extended office hours (evenings and/or weekends).
 - vii. ☒ Consultation available via phone.
 - viii. ☒ Leveraging eligibility from other public assistance programs.
 - ix. ☐ Other. Describe:
- b. Does the Lead Agency use different policies for families receiving TANF assistance?
- ☐ Yes. If yes, describe the policies:
- ☒ No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

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

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?
- ☒ Yes.
- ☐ No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.
- Note:* Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.
- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?
- ☐ No.
- ☒ Yes.
- i. If yes, the upper age is (may not equal or exceed age 19): **18.00**
 - ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **A child that has been evaluated and determined to have requirements above and beyond what's typical for children of a similar age and developmental level. A child that is physically and mentally incapable of caring for their self.**

Citation: CCAP Policy Manual Volume VIII (MS 1020)

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

☐ No.

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

- d. How does the Lead Agency define the following eligibility terms?

- i. “residing with”: **To live in the same house. It could be full-time or part-time, as in the case of shared custody.**

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/160/>

- ii. “in loco parentis”: **Someone that is acting in the place of a parent.**

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/160/>

2.2.2 Eligibility criteria: reason for care

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

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

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:

- i. ☒ An activity for which a wage or salary is paid.

- ii. ☒ Being self-employed.

- iii. ☐ During a time of emergency or disaster, partnering in essential services.

- iv. ☒ Participating in unpaid activities like student teaching, internships, or practicums.

- v. ☐ Time for meals or breaks.

- vi. ☐ Time for travel.

- vii. ☒ Seeking employment or job search.

- viii. ☐ Other. Describe:

- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:

- i. ☒ Vocational/technical job skills training.

- ii. ☒ Apprenticeship or internship program or other on-the-job training.
 - iii. ☐ English as a Second Language training.
 - iv. ☒ Adult Basic Education preparation.
 - v. ☒ Participation in employment service activities.
 - vi. ☐ Time for meals and breaks.
 - vii. ☐ Time for travel.
 - viii. ☒ Hours required for associated activities such as study groups, lab experiences.
 - ix. ☐ Time for outside class study or completion of homework.
 - x. ☐ Other. Describe:
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
- i. ☒ Adult High School Diploma or GED.
 - ii. ☒ Certificate programs (12-18 credit hours).
 - iii. ☒ One-year diploma (36 credit hours).
 - iv. ☒ Two-year degree.
 - v. ☒ Four-year degree.
 - vi. ☐ Travel to and from classrooms, labs, or study groups.
 - vii. ☐ Study time.
 - viii. ☒ Hours required for associated activities such as study groups, lab experiences.
 - ix. ☐ Time for outside class study or completion of homework.
 - x. ☐ Applicable meal and break times.
 - xi. ☐ Other. Describe:
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- ☐ No.
- ☒ Yes.
- If yes, describe any Lead Agency-imposed minimum requirement for the following:
- ☒ Work. Describe: **A household containing one (1) parent or responsible adult is required to work, on average, a minimum of twenty (20) hours per week at initial application. A household containing two (2) parents or responsible adults must work, on average, a minimum of forty (40) hours per week at initial application. Neither parent nor responsible adult may work less than an average of five (5) hours per week.**

Citation: CCAP Policy Manual Volume VIII (MS 1020)

☒ Job training. Describe: **A minimum of twenty (20) hours of unpaid work such as a practicum, clinical, internship, student teaching, or job training related to Unemployment Insurance Benefits (UIB) can be used to meet the work requirement.**

Citation: CCAP Policy Manual Volume VIII (MS 3040)

☒ Education. Describe: **Part-time and Full-time enrollment, as defined by a trade school, college, or university counts as a qualifying activity.**

Citation: CCAP Policy Manual Volume VIII (2515)

☒ Combination of allowable activities. Describe: **Unpaid work such as a practicum, clinical, internship, student teaching, or job training related to Unemployment Insurance Benefits (UIB) can be combined with paid employment to meet the 20-hour work requirement.**

Citation: CCAP Policy Manual Volume VIII (2515)

☐ Other. Describe:

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

☒ Yes.

☐ No. If no, describe the additional work requirements:

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

Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency’s protective services definition.

☐ No. If no, skip to question 2.2.3.

☒ Yes. If yes, answer the questions below:

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

☒ Children in foster care.

☒ Children in kinship care.

☒ Children who are in families under court supervision.

☒ Children who are in families receiving supports or otherwise engaged with a child welfare agency.

☐ Children participating in a Lead Agency’s Early Head Start - Child Care Partnerships program.

☐ Children whose family members are deemed essential workers under a governor-declared state of emergency.

☐ Children experiencing homelessness.

☐ Children whose family has been affected by a natural disaster.

☐ Other. Describe:

- g. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

☐ No.

☒ Yes.

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

☐ No.

☒ Yes.

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

☐ No.

☒ Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

☒ There is a statewide limit with no local variation.

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

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

☐ Other. Describe:

2.2.4 Initial eligibility: income limits

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

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

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	4173.00	85.00	3547.00
2	5457.00	85.00	4639.00
3	6741.00	85.00	5731.00

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
4	8025.00	85.00	6822.00
5	9309.00	85.00	7914.00

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

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

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

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

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

i. Region/locality with the highest eligibility limit:

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

ii. Region/locality with the lowest eligibility limit:

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

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

iii. Region/locality that is most populous:

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

- iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?
- ☐ Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.
- ☐ Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.
- ☐ No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

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

- i. ☒ Gross wages or salary.
- ii. ☒ Disability or unemployment compensation.
- iii. ☒ Workers’ compensation.
- iv. ☒ Spousal support, child support.
- v. ☒ Survivor and retirement benefits.
- vi. ☒ Rent for room within the family’s residence.
- vii. ☒ Pensions or annuities.
- viii. ☐ Inheritance.
- ix. ☐ Public assistance.
- x. ☒ Other. Describe: **Self Employment Income**

- d. What is the effective date for these income eligibility limits? **10/1/2024**
- e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits?

☒ LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2024**

☐ Other. Describe:

- f. Provide the direct URL/website link, if available, for the income eligibility limits.

<https://www.chfs.ky.gov/agencies/dCBS/dfs/Documents/omvolviii.pdf>

2.2.5 Income eligibility: irregular fluctuations in earnings

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

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

- i. ☒ Average the family's earnings over a period of time (e.g., 12 months).

Identify the period of time **We use the prior 2 calendar months paystubs to average taxed wages and the prior 12 calendar months for self-employment.**

- ii. ☒ Request earning statements that are most representative of the family's monthly income.

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

- iv. ☐ Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

2.2.6 Family asset limit

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

☒ Yes.

☐ No. If no, describe:

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

☐ No.

☒ Yes. If yes, describe the policy or procedure: **The CCAP resource limit is not applicable for preventive and protection cases.**

Citation: CCAP Policy Manual Volume VIII (MS 3580)

2.2.7 Additional eligibility criteria

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

- a. **[x]** Eligibility determination? If checked, describe: **The following must also be verified at initial application: Head of household's identification, Kentucky residency for child(ren) needing care, household composition and relationship.**
- b. **[x]** Eligibility redetermination? If checked, describe: **The following must also be verified at re-determination: household composition.**

2.2.8 Documentation of eligibility determination

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

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

Required at Initial Determination	Required at Redetermination	Description
[x]	[]	Applicant identity. Describe how you verify: Identity for the Head of Household can be verified with a Driver's License, state issued photo ID, Student Id, Military Id or two (2) other forms of verification. Citation: CCAP Policy Manual Volume VIII (MS 1510)
[x]	[]	Applicant's relationship to the child. Describe how you verify: Relationship is verified with any of the following: Birth certificate, KVETS for persons born in Kentucky, court or legal documents, hospital records, adoption records, paternity documents, military records, medical records, baptism certificate, church documents or family Bible. Citation: CCAP Policy Manual Volume VIII (MS 1510)
[x]	[]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: Age is verified with Birth certificate, KVETS for persons born in Kentucky, hospital records, doctor's statement, baptismal record, adoption records and INS records. Citation: CCAP Policy Manual Volume VIII (MS 3000)

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Work. Describe how you verify: Employees can verify work hours with the following: Copies of actual check stubs, PAFS-700 Verification of Employment and Wages form signed and completed by the employer, written statement from the employer, employer printout of wages and hours worked, Eligibility Advisor, collateral contact, employment contract. Clients that are self-employed and use their personal business records or the prior year's tax return. Citation: CCAP Policy Manual Volume VIII (MS 3515)
[x]	[x]	Job training or educational program. Describe how you verify: The client can provide their current or upcoming class schedule or a written statement from a school official. Citation: CCAP Policy Manual Volume VIII (MS 2515)
[x]	[x]	Family income. Describe how you verify: Employees can verify wages with the following: Copies of actual check stubs, PAFS-700 Verification of Employment and Wages form signed and completed by the employer, written statement from the employer, employer printout of wages and hours worked, Eligibility Advisor, collateral contact, employment contract. Clients that are self-employed can use their personal business records or the prior year's tax return. Unearned income can be verified with Award Letters, company pension statement, IRS records, retirement records, support orders, bank statements, CSE External Search for Child support, written statements. Citation: CCAP Policy Manual Volume VIII (MS 3550)
[x]	[x]	Household composition. Describe how you verify: Household composition is verified with the following: Completed PAFS-76 Information Request or a similar statement (lease or written statement from someone who knows the client ☐ Lease and written statement must include all household members, address, contact information and the date signed.) from a collateral contact familiar with the family's living situation. Citation: CCAP Policy Manual Volume VIII (MS 1009)

Required at Initial Determination	Required at Redetermination	Description
☒	☐	Applicant residence. Describe how you verify: Proof of residence is verified with the following: Completed PAFS-76 Information Request or a similar statement (lease or written statement from someone who knows the client ☐ Lease and written statement must include all household members, address, contact information and the date signed.) from a collateral contact familiar with the family's living situation. Citation: CCAP Policy Manual Volume VIII (MS 1009)
☐	☐	Other. Describe how you verify: N/A

2.2.9 Exception to TANF work requirements

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

- a. Identify the TANF agency that established these criteria or definitions: **The Division of Family Support under the Cabinet of Health and Family Services.**
- b. Provide the following definitions established by the TANF agency:
 - i. “Appropriate child care”: **Kentucky defines “appropriate child care” as an eligible child care provider as defined in 45 C.F.R. Part 98.2.**
 - ii. “Reasonable distance”: **Kentucky defines “reasonable distance” as the distance customarily available within a locality.**
 - iii. “Unsuitability of informal child care”: **Kentucky defines “unsuitability of informal child care” as care not regulated under Kentucky law which does not meet the quality child care need as defined by the parent or the health and safety requirements applicable to unregulated child care in the Commonwealth.**
 - iv. “Affordable child care arrangements”: **Kentucky defines “affordable child care arrangements” as appropriate child care at a reasonable distance which is suitable and with charges at or below the maximum provider payment rate under the Child Care and Development Fund plan.**
- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
 - i. ☒ In writing
 - ii. ☐ Verbally
 - iii. ☐ Other. Describe:

2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. “Children with special needs.” **A child that has been evaluated and determined to have requirements above and beyond what’s typical for children of a similar age and developmental level. A child that is physically and mentally incapable of caring for their self.**

Citation: CCAP Policy Manual Volume VIII (MS 1020)

- e. “Families with very low incomes.” **A family with income under \$1600 per month.**

2.3.2 Prioritization of child care services

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

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	☒	☐	☐	☒	☐	☐ Describe:
Families with very low incomes	☒	☐	☒	☐	☐	☐ Describe:

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children experiencing homelessness, as defined by CCDF	☒	☐	☐	☐	☐	☒ Describe: Homeless households who meet or report meeting technical and financial eligibility are eligible for expedited CCAP services. They are entitled to immediate approval and eligibility starts when ID is provided. This specific group of homeless households have three (3) calendar months from the date of application to return all verification. Citation: CCAP Policy Manual Volume VIII (MS 1525)
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	☒	☐	☐	☐	☐	☐ Describe:

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

☐ No.

[x] Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: The Child Care Employee Exclusion is a provision for individuals applying for CCAP that are employed in child care. This "Protected Population" applying for CCAP, that meet all technical eligibility requirements and have verified [paid employment of at least 10 hours per week] in a CHFS Regulated Licensed or Certified child care program will be eligible to have ALL household income excluded for the CCAP application process.

Citation: CCAP Policy Manual Volume VIII (MS 3040)

2.3.3 Enrollment and grace period for children experiencing homelessness

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

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

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

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Homeless households who meet or report meeting technical and financial eligibility are eligible for expedited CCAP services. They are entitled to immediate approval and eligibility starts when ID is provided. This specific group of homeless households have three (3) calendar months from the date of application to return all verification.**

Citation: CCAP Policy Manual Volume VIII (MS 1525)

- b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.

- i. Provide the policy for a grace period for:

Children experiencing homelessness: **Children experiencing homelessness shall have child care assistance benefits available to them for a period of 30 days to allow the family time to comply with the immunization requirement. Immunization records are not collected by the Division of Community Based Services as a condition of initial eligibility for child care. Child care providers are responsible for obtaining and keeping on file a record of the child's immunizations.**

Citation: 922 KAR 2:090 Section 9(1)(a)

Children who are in foster care: **Children in foster care shall have child care assistance benefits available to them for a period of 30 days to allow the family time to comply with the immunization requirement.**

Immunization records are not collected by the Division of Community Based Services as a condition of initial eligibility for child care. Child care providers are responsible for obtaining and keeping on file a record of the child's immunizations.

Citation: 922 KAR 2:090 Section 9(1)(a)

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

☒ Yes.

☐ No. If no, describe:

- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **Parents have a 30-day grace period to submit immunization records to the child care provider as directed by the Division of Regulated Child Care in consultation with the Department of Health. The DCC-113/Facts About the Child Care Assistance Program is given to each parent at application. This form gives the family resource information for their local Health Department, where they can receive assistance on obtaining their child's immunizations or records.**

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

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

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

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
- i. ☒ Application in languages other than English (application and related documents, brochures, provider notices).
 - ii. ☒ Informational materials in languages other than English.
 - iii. ☒ Website in languages other than English.
 - iv. ☒ Lead Agency accepts applications at local community-based locations.
 - v. ☒ Bilingual caseworkers or translators available.
 - vi. ☐ Bilingual outreach workers.
 - vii. ☒ Partnerships with community-based organizations.
 - viii. ☐ Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. ☐ Home visiting programs.

- x. ☐ Other. Describe:
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
 - i. ☐ Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. ☒ Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
 - iii. ☐ Caseworkers with specialized training/experience in working with individuals with disabilities.
 - iv. ☐ Ensuring accessibility of environments and activities for all children.
 - v. ☐ Partnerships with State and local programs and associations focused on disability- related topics and issues.
 - vi. ☒ Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.
 - vii. ☐ Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
 - viii. ☒ Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.
 - ix. ☐ Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
 - i. ☒ Lead Agency accepts applications at local community-based locations.
 - ii. ☒ Partnerships with community-based organizations.
 - iii. ☒ Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
 - iv. ☐ Other. Describe:
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
 - i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The Division of Child Care has a training hosted through ECE-TRIS that supplies 4.5 hours of training credit specifically on supporting children and families experiencing homelessness.**
Website: <https://ece.trc.eku.edu/content.php?CID=23&method=viewwb>
It is a training that was developed by Early Childhood Learning & Knowledge Center (ECLKC); it's no cost to providers to access or complete. This is a popular

option for providers for training on this topic, with 756 records of completion YTD for 2024. For comparison, there were 2,868 completions in the year 2023.

- ii. Describe the Lead Agency’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **During the Trainer Academies in 2021, there was a session in the Special Needs “track” that was titled “Working with Families Experience Homelessness”.** Trainers are required to train in that topic on an ongoing basis from 2022-2024.

2.5 Promoting Continuity of Care

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

2.5.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development. **Kentucky has a one case concept that allows returned documentation to be used across programs, which lessens the load on the client. Clients have multiple options for returning requested documents. Providers have access to a “Provider Portal”, that allows them to receive important notices regarding the CCAP children in their care. They are also able to use the portal to return time sensitive documents that are uploaded directly to the client’s case. Kentucky uses “AI” to process these documents on the day they are returned. Clients are questioned about their provider selection at their initial CCAP application interview, so there is no delay in entering the child’s enrollment when the case is approved. Clients can report future provider changes, if they are known, which is very helpful during a child’s breaks from school. Kentucky sends the client a re-determination notice 45 days prior to the end of the eligibility period, so the client has plenty of time to complete the renewal process. The client has the option of going to their local office or using “Call Services” to complete their interview, which allows them to select what works best for their schedule.**

2.5.2 Minimum 12-month eligibility

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

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.
 - a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?
☒ Yes.
☐ No. If no, describe:
 - b. Does the Lead Agency certify that its definition of “temporary change” includes each of

the minimum required elements?

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

☐ Yes.

☒ No. If no, describe: **Kentucky is in the process of implementing changes in the following areas: Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness. Any interruption in work for a seasonal worker who is not working between regular industry work seasons. Any student holiday or break for a parent participating in a training or educational program. Any reduction in work, training, or education hours, if the parent is still working or attending a training or educational program.**

c. Are the policies different for redetermination?

☒ No.

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

2.5.3 Job search and continued assistance

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

i. ☒ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: **Households may gain initial CCAP eligibility with Initial Job Search for a minimum of three (3) calendar months from the date of application, once in a twelve (12) month period, without meeting the CCAP work requirement.**

ii. ☐ Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe:

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

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

☐ Yes. The Lead Agency continues assistance.

☒ No, the Lead Agency discontinues assistance.

- i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: **If the parent reports a non-temporary loss or cessation of their qualifying activity, the parent is given an up to three (3) month Job Search period. If at the end of the Job Search period, they are still not participating in a qualifying activity, their eligibility ends.**
- ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **The Job Search period is triggered when the client reports the non-temporary last day of employment or education, and it is entered into the client's case.**
- iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)? **The Job Search period is three (3) months unless the parent's case is due for recertification. At recertification, the parent must be participating in a qualifying activity.**

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

i. ☐ Not applicable.

ii. ☐ Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:

iii. ☒ A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **As part of technical eligibility; a child must be a resident of Kentucky.**

Citation: CCAP Policy Manual VIII (Section 3010)

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

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **An Intention Program Violation (IPV) is when a CCAP recipient or child care provider having intentionally made a false or misleading statement, misrepresented, concealed or withheld facts.**

Citation: CCAP Policy Manual VIII (Sections 1020/6025)

2.5.4 Reporting changes during the minimum 12-month eligibility period

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

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

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

☒ Yes.

☐ No. If no, describe:

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

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

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

- (i) 85 percent of SMI for a family of the same size; or,
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a family with a low income
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
 - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

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

A child eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible children with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-payment amounts in proportion to a family's

income growth for families whose children are determined eligible under a graduated phase-out. Lead Agencies may require additional reporting on changes in family income but must still ensure that any additional reporting requirements do not constitute an undue burden on families.

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

- a. ☒ Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. ☐ The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:
 - i. ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - ii. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c. ☐ The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:
 - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three:
 - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:
 - iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:
 - iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:
 - v. ☐ Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - vi. ☐ Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children's development.

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

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

3.1 Family Co-payments

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

3.1.1 Family co-payment

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

- a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **Fifteen (15) percent.**

Citation: CCAP Policy Manual Volume VIII (MS 5015)

- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

☒ Yes.

☐ No. If no, describe:

3.1.2 Sliding fee scale

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

- a. Is the sliding fee scale set statewide?

☒ Yes.

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

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

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	1.00	1.00	1.00	1.00	1.00	1.00
2	1400.00	130.00	9.00	4639.00	260.00	5.00
3	1400.00	108.00	7.00	5731.00	281.00	5.00
4	1400.00	108.00	7.00	6822.00	325.00	4.00
5	1400.00	86.00	6.00	7914.00	541.00	6.00

- c. What is the effective date of the sliding-fee scale(s)? **October 1, 2021**
- d. Provide the link(s) to the sliding-fee scale(s):
<https://www.chfs.ky.gov/agencies/dcb/dcs/dfs/Documents/omvolviii.pdf>
- e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

☐ No.

☒ Yes.

If yes:

- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **Because child care providers receiving CCAP subsidies are required to charge CCAP families the same amount as private pay families, we wanted to remove the barrier of providers not being able to keep up with the cost of services. Capping CCAP family's rates at the state max rate could deter providers from wanting to participate in CCAP.**
- 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: **Kentucky has 1878 CCAP child care providers, of which 774 (41%) charge more than the State Max Rate. The data for CCAP Child Care Providers is for daily rates. The average overage amount per day for those providers charging above the State Max Rate is \$8.52 This data was captured in January 2024.**

3.2 Calculation of Co-Payment

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

3.2.1 Family co-payment calculation

a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.

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

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

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

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

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

☒ The fee is per family.

☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

☐ Other. Describe:

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

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

☐ The fee is per child, and a discounted percentage is applied for two or more children.

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

☐ No additional percentage is charged after a certain number of children.

☒ The fee is per family.

☐ The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

☐ Other. Describe:

b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

☒ No.

☐ Yes.

If yes, check and describe those additional factors below:

i. ☐ Number of hours the child is in care. Describe:

ii. ☐ Quality of care (as defined by the Lead Agency). Describe:

iii. ☐ Other. Describe:

- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:
 - i. ☐ Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.
 - ii. ☒ Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.
 - iii. ☐ Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

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

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

☐ No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

☒ Yes. If yes, identify and describe which family contributions/co-payments waived.

- i. ☐ Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- ii. ☐ Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- iii. ☐ Families experiencing homelessness.
- iv. ☐ Families with children with disabilities.
- v. ☐ Families enrolled in Head Start or Early Head Start.
- vi. ☒ Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **Co-payments are waived for children receiving Protective or Preventive Services, as well as foster care children in DCBS custody.**

Citation: CCAP Policy Manual Volume VIII (Section 2000)

- vii. ☐ Families meeting other criteria established by the Lead Agency. Describe the policy:

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

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their

family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

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

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1 Access to Full Range of Provider Options

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

4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **Some potential barriers that could affect provider participation are providers not understanding all of the benefits of enrolling into CCAP; providers not understanding licensed child care employees qualify as a protected population; providers not understanding the process of enrollment between the Department of Family Support, the families, and their program. Another barrier would be that the providers do not agree with the difference between the State Max Rate compared to the private child care rate.**
- b. Does the Lead Agency offer child care assistance through vouchers or certificates?
☒ Yes.
☐ No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
☐ Yes.
☒ No.
- d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **DCC-120 Consumer Education Statement is provided at application.**
- e. Describe what information is included on the child care certificate: **The Child Care Service**

Agreement Certificate includes demographic information for provider/family (name, address, phone, DOB of child, special needs, non-traditional hours of child) case/license number, care level and schedule, eligibility period, daily rate, copay rate, CHFS payment, and Conditions of Acceptance for recipient and provider.

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

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

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

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

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

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

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

- a. ☒ Market rate survey.
 - i. When were the data gathered (provide a date range; for instance, September – December 2023)? **Data was collected from January 16, 2024 to February 14, 2024. The report was submitted March 27, 2024 to DCC for approval. Citation: <https://www.childcareawareky.org/research/>**
- b. ☐ ACF pre-approved alternative methodology.
 - i. ☐ The alternative methodology was completed.
 - ii. ☐ The alternative methodology is in process.

If the alternative methodology was completed:

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

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

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

- c. Consultation on data collection methodology.

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

 - iii. State Advisory Council or similar coordinating body: **The Child Care Advisory Council (CCAC) group was consulted on the Market Rate Study.**
 - iv. Local child care program administrators: **Child Care Program Administrators are present on the CCAC. All local child care program administrators were invited to participate in the Market Rate Study.**
 - v. Local child care resource and referral agencies: **This study was conducted by Child Care Aware of Kentucky (CCAKY), the statewide CCR&R for Licensed Centers. CCAKY coordinated with the Family Child Care Network (FCCN) for assistance in reaching out to all Certified Family Child Care Homes.**
 - vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **Child Care Aware of Kentucky reviewed the study to ensure that it was reflective of the needs of caregivers, teachers, and directors from all licensed and certified settings that serve young children in Kentucky.**
 - vii. Other. Describe: **N/A**
- d. An MRS must be statistically valid and reliable.

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

- i. When was the market rate survey completed? **3/27/2024**
 - ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **January 16-February 14, 2024.**
 - iii. Describe how it represented the child care market, including what types of providers were included in the survey: **All licensed child care centers and all certified family child care homes were invited to participate.**
 - iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **The Market Rate Study was survey-based and did not rely on any databases.**
 - v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **The survey was Institutional Review Board (IRB) approved by the University of Kentucky. Email addresses from the January 2024 active provider list were used to send personalized invitations and an automated scheduled reminder to complete the survey one week after launch. All participants were required to review a consent form and agree to participate before completing the online survey and submitting their rates. Notices were placed on social media, messages were sent by the DCC ListServ, and technical assistance staff reminded providers that the survey was available. As an additional incentive, a random drawing for one of three \$100 training credits was included to any provider who completed the survey. Those providers who did not receive or could not find the invitation link because of spam filters or other technical issues, also had the opportunity to submit a survey with a generic link once the scheduled reminder period passed. During data cleaning, surveys were matched to the original list to ensure that there were no duplicates. The overall response rate to the survey was 57.16%.**
 - vi. What is the percent of licensed or regulated child care centers responding to the survey? **58.00**
 - vii. What is the percent of licensed or regulated family child care homes responding to the survey? **48.00**
 - viii. Describe if the survey conducted in any languages other than English: **N/A**
 - ix. Describe if data were analyzed in a manner to determine price of care per child: **Market Rates were calculated statewide and by geographic region. They were calculated full- and part-time for infants, toddlers, preschool, and school age population in licensed centers and in family child care homes.**
 - x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **The sample of providers was sufficient to calculate reliable percentiles, and the 80th percentile was shared.**
- e. Price variations reflected.

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

- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **Rates are broken down by geographic region: East, Central, West; 8 Child Care Aware regions; urban & rural.**
- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **All types of licensed providers (Type I & Type II) and certified family child care homes were represented.**
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **Rates were collected for infants, toddlers, preschool, and school-age children.**
- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **We examined by subsidy acceptance, subsidy acceptance (urban v. rural), quality ratings (high quality v. regulatory compliance) and quality level (urban v. rural).**

4.2.2 Cost analysis

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

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

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **A narrow cost analysis was conducted in 2023 based on the Center for American Progress' Cost of Child Care calculator Website: <https://costofchildcare.org>**
- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **This was a state-level model which examined licensed child care centers and certified family child care homes by quality level.**
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **The based level assumptions were based on health and safety, regulatory, and licensing**

requirements.

- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **Higher quality levels were modeled by increasing teacher compensation (salary, health, & retirement), more planning time, more physical space, decrease in ratios and groups sizes.**
- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **The cost differential is detailed in Table 4 of the Narrow Cost Analysis Report at Kentucky Child Care Narrow Cost Analysis 2022.**
Website: <https://www.childcareawareky.org/wp-content/uploads/2023/02/Kentucky-Narrow-Cost-Analysis-UK-HDI-CCA-1-27-2023-revised.pdf>

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

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

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

a. Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public by responding to the questions below.

- i. Provide the date the report was completed: **1/27/2023**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **2/15/2023**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available:
<https://www.childcareawareky.org/wp-content/uploads/2023/02/Kentucky-Narrow-Cost-Analysis-UK-HDI-CCA-1-27-2023-revised.pdf>
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **This report was shared with the Child Care Advisory Council group.**

4.3 Adequate Payment Rates

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

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

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

4.3.1 Payment rates

- a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

☒ Yes.

- i. If yes, check if the Lead Agency:

☐ Sets the same payment rates for the entire State or Territory.

☒ Sets different payment rates for different regions in the State or Territory.

☐ No.

- ii. If no, identify how many jurisdictions set their own payment rates:

- b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **10/1/2022**

- c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **The rates are set based off the 80th percentile per the MRS that was available at the time. Plus, an additional \$2/\$1 per day based on full/part-time enrollment respectively. Rates reported were daily rates. Calculation: Daily rates multiplied by 5.**

Citation:

<https://www.chfs.ky.gov/agencies/dcbs/dcc/Documents/dcc300kymaxpaymentchart.pdf>

4.3.2 Base payment rates

- a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the

identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1a ii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

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

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

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

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

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	47.00 Per Day		235.00	78.00	37.00	40.00	47.00		
Family Child Care for Infants (6 months)	36.00 Per Day		180.00	78.00	30.00	35.00	36.00		
Center Care for Toddlers (18 months)	47.00 Per Day		235.00	81.00	36.00	40.00	45.00		
Family Child Care for Toddlers (18 months)	36.00 Per Day		180.00	81.00	30.00	34.00	36.00		
Center Care for Preschoolers (4 years)	41.00 Per Day		205.00	79.00	32.00	35.00	41.00		
Family Child Care for Preschoolers (4 years)	34.00 Per Day		170.00	68.00	30.00	32.00	35.00		
Center Care for School-Age (6 years)	37.00 Per Day		185.00	85.00	29.00	30.00	36.00		
Family Child Care for School-Age (6 years)	28.00 Per Day		140.00	65.00	25.00	28.00	30.00		

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

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	27.00 Per Day		135.00	11.00	37.00	40.00	47.00		
Family Child Care for Infants (6 months)	24.00 Per Day		120.00	17.00	30.00	35.00	36.00		
Center Care for Toddlers (18 months)	27.00 Per Day		135.00	15.00	36.00	40.00	45.00		
Family Child Care for Toddlers (18 months)	24.00 Per Day		120.00	20.00	30.00	34.00	36.00		
Center Care for Preschoolers (4 years)	25.00 Per Day		125.00	18.00	32.00	35.00	41.00		
Family Child Care for Preschoolers (4 years)	22.00 Per Day		110.00	18.00	30.00	32.00	35.00		
Center Care for School-Age (6 years)	27.00 Per Day		135.00	45.00	29.00	30.00	36.00		
Family Child Care for School-Age (6 years)	20.00 Per Day		100.00	15.00	25.00	28.00	30.00		

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

☒ Yes.

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

ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

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

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

☒ Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **\$5/day Special Needs add-on rate for special needs child under 13 or child 13-19 with special needs, \$5/day add-on rate for accredited programs, and \$10/day add-on for Non-traditional hour care provided between the hours of 7pm and 5am on weekdays or from 7pm Friday through 5am Monday. Enrollments serving Special Needs children, Non-traditional hours for care, and centers with accreditation receive these add-on rates. The add-on rates are added to the daily CCAP reimbursement rate based on the age of the child, care level, and rates charged by the provider.**

☐ No.

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

☒ Yes.

☐ No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

- i. ☒ Differential rate for non-traditional hours. Describe: **\$10/day add-on for Non-traditional hour care provided between the hours of 7pm and 5am on weekdays or from 7pm Friday through 5am Monday.**

Citation: Section 10, 2 (b) MS 5040.

- ii. ☒ Differential rate for children with special needs, as defined by the Lead Agency. Describe: **\$5/day Special Needs add-on rate for special needs child under 13 or child 13-19 with special needs.**

Citation: Section 10, 3 (a) (b) MS 5040.

- iii. ☐ Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:

- iv. ☐ Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:

- v. ☒ Differential rate for higher quality, as defined by the Lead Agency. Describe: **\$5/day add-on rate for accredited programs. Differential rates for Kentucky ALL**

STARS for the annual subsidy enrollment award are based on the center-type, achieved STARS level and the age of the child.

Citation: Section 10, 2 (a) MS 5040.

Citation: KY-ALL STARS Regulation:

<https://apps.legislature.ky.gov/law/kar/titles/922/002/270/>

- vi. ☒ Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe: **Set different reimbursement rates for different areas of the State, densely populated areas have a higher reimbursement rate.**

Citation: DCC 300:

<https://www.chfs.ky.gov/agencies/dccbs/dcc/Documents/dcc300kymaxpaymentchart.pdf>

- vii. If applicable, describe any additional add-on rates that you have besides those identified above.

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

☒ Yes. If yes, describe: **If the provider's commercial rates are less than the established State Max Rate, CCAP reimburses at the reported lower rate.**

☐ No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **These market rates are provided from a Kentucky Child Care Market Rate Survey (MRS) to inform the Lead Agency as they look at setting subsidy rates. In addition, these rates can be utilized to inform business decisions of providers as they set their own rates based on the market in their area. The research team also uses this market rate information as a baseline to examine the providers' costs of child care in part two of this project. After the MRS is concluded it is used by DCC and the Division of Administration and Financial Management (DAFM) along with the current budget and costs to update the DCC-300, Kentucky Child Care Maximum Payment Rate Chart of current daily payment rates.**
- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **This report details the data collection process and participation rates among all providers. In addition, geographic variations are detailed in full so that comparison of full-time and part-time rates can be made by geographic variation including region of the state, Child Care Aware (CCA) region, and urban/rural differences. These county divisions are detailed in Tables A-C. We also examine differences between providers who accept CCAP child care subsidies, and those who rely solely on private pay. Additionally, our study looks at differences based on quality level (High Quality vs. Regulatory Compliance).**

Citation: 2024 MRS: <https://www.childcareawareky.org/research/>

- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **The methodological comparison of the actual cost of child care from the MRS and the cost of private child care across geographical regions is used to inform rate setting, retention and stabilization of child care providers. This creates a more equitable pay rate and baseline to inform DCC and early childhood stakeholders with accurate price data across the state.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **Cost comparisons are completed with the MRS to look at the differences of High Quality vs. Regulatory requirements in child care programs across all geographical regions of the state.**
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **Setting additional payments for those serving populations with special needs, non-traditional hours, and accreditation (e.g. additional payment rate \$5/ per day for accreditation; Non-traditional \$10/day; Special Needs \$5/day) are measures which help to ensure equal access across different geographical regions of the state.**

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability

of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

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

☐ Yes. If yes, describe:

☒ No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **All CCAP participating providers are paid the month after services are provided. Care provided in June will be reimbursed beginning July 1, 2024.**

We are currently researching the change requirements of paying prospectively for our state with plans to move forward during the current state plan cycle.

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

☒ Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.

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

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

4.4.2 Other payment practices

Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

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

☒ Yes.

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

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

[x] Yes. If yes, identify the fees the Lead Agency pays for: **Enrollment fees can be paid for child care cases involved in KTAP (Kentucky Transitional Assistance Program) or CCPO (Child Care Protective) programs. Will be adding TENF (Teen Parents enrolled in school/GED) and CCPE (Child Care Preventive) participants.**

Citation: Section 10 (7) Section 15 (2) MS 2005.

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

- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **CCAP certificate is reviewed and signed by provider and recipient which details all information including Parent and Provider responsibilities on signature pages.**

DCC 94 Child Care Service Agreement and Certificate-
<https://www.chfs.ky.gov/agencies/dCBS/dcc/Documents/dcc94a.pdf>

- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **Any CCAP changes that affect enrollment or information on the DCC 94 require a 10-day notice to the child care program. Actions taken on the CCAP case result in auto-generated notices being sent to the provider.**

Citation: Section 13 (1) (2) (5) (6) (7) DCC 94C-Provider Notification Letter , DCC 105- Child Care Denial/Discontinuance Notice

- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **A Prior Period Adjustment (PPA) is used to correct payment issues for an established enrollment. A PPA can only be used if the child has received payments in previous months. Per, (922.KAR 2:160, 17(g)) payments or adjustments cannot be made to the payment ninety (90) days after the month care was provided. After the payment is received, the provider has access to the Remittance statement which serves as a detailed receipt for all CCAP payments. Providers are encouraged to review the remittance and contact DCC immediately when an inaccuracy is suspected.**

Citation: Section 15 (1) (g) MS 5015 5020 (922.KAR 2:160, 17(g))

- f. Other. Describe any other payment practices established by the Lead Agency: **The Provider CCAP Billing Basics training is a yearly required course for all participating CCAP providers. Coaching by Claims and Payment staff is necessary.**

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **CCAP is offered to all Licensed, Certified, and Registered providers.**

4.5 Supply Building

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

4.5.1 Child care services available through grants or contracts

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

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

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

☒ No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **There are no plans for grants or contracts for slots.**

If no, skip to question 4.5.2.

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

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

☐ Infants and toddlers. Number of slots allocated through grants or contracts:

☐ Children in underserved geographic areas. Number of slots allocated through grants or contracts:

☐ Children needing non-traditional hour care. Number of slots allocated through grants or contracts:

☐ School-age children. Number of slots allocated through grants or contracts:

☐ Children experiencing homelessness. Number of slots allocated through grants or contracts:

☐ Children in urban areas. Percent of CCDF children served in an average month:

☐ Children in rural areas. Percent of CCDF children served in an average month:

☐ Other populations. If checked, describe:

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

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

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

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

☒ Yes.

☐ No.

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

- i. ☐ Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
- ii. ☒ Restricted based on the in-home provider meeting a minimum age requirement. Describe: **A Registered Relative Child Care Provider must be at least eighteen (18) years of age, regardless of where care is provided.**
- iii. ☐ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- iv. ☒ Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe: **The child receiving care must have one (1) of the following relationships with the Registered Relative Child Care Provider: Grandchild, Great-grandchild, Niece, Nephew; or Sibling if the provider lives in a separate residence. This is applicable regardless of where care is provided.**
- v. ☐ Restricted to care for children with special needs or a medical condition. Describe:
- vi. ☒ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: **The Registered Relative Child Care Provider must complete the following to be fully approved: Recognition of child abuse and neglect, which includes one and one-half (1.5) hours of Cabinet approved pediatric abusive head trauma training. They must also be certified in age-appropriate cardiopulmonary resuscitation (CPR) and First Aid. This is applicable regardless of where care is provided.**
- vii. ☒ Other. Describe: **The Registered Relative Child Care applicant must provide their completed KARES background check, regardless of where care is provided. If the care is provided in the provider's home a KARES background check must be completed for everyone in the home 18 years of age and older.**

4.5.3 Shortages in the supply of child care

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

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

a. In infant and toddler programs:

- i. Data sources used to identify shortages: **The Division of Child Care (DCC) uses data collected from the Child Care Dashboard and the Professional Development Registry ECE-Tris to identify shortages in programs. DCC also takes into account provider feedback to identify shortages when it is discussed at partnership meetings.**
- ii. Method of tracking progress: **DCC uses the Kentucky Integrated Child Care System (KICCS), Child Care Executive Dashboard and our Professional Development Registry ECE-Tris to monitor and evaluate progress.**
- iii. What is the plan to address the child care shortages using family child care homes **The Division of Child Care has shifted the technical assistance (TA) for Health, Safety and Quality to the Family Child Care Network (FCCN) to better serve the individuals that are providing in home family child care. FCCN is currently working on obtaining their reliability for quality improvement. Through ARPA funding offered prior to 2024, we are sustaining the providers that utilized the FCC start up grants with the TA from FCCN.**
- iv. What is the plan to address the child care shortages using child care centers? **The Division of Child Care (DCC) is offering a provision to Child Care providers to help with staff retention and sustainability. Child Care Employee Exclusion is a provision for individuals applying for CCAP that are employed in child care. All earned and unearned household income is excluded for this "protected population". DCC has secured funding for continuing education for licensed child care providers to improve the workforce development. DCC has also created and implemented an Infant Toddler credential to increase the training and professionalism with this specific age group. In addition to the credential, Kentucky has also created a digital badge to signify training in each domain specific to the Infant Toddler age group.**

Citation:

<https://www.chfs.ky.gov/agencies/dCBS/dcc/Documents/childcareemployeeexclusionfaq.pdf>

Citation: IT Credential Regulations:

<https://apps.legislature.ky.gov/law/kar/titles/922/002/245/>

Citation: IT Badging: <https://ece.trc.eku.edu/ece/resources/files/439>

b. In different regions of the State or Territory:

- i. Data sources used to identify shortages: **The Division of Child Care (DCC) uses the Child Care Dashboard with collected data from Deloitte and our Professional Development Registry ECE-Tris. DCC also takes into account provider feedback to identify shortages when it is discussed at partnership meetings,**
- ii. Method of tracking progress: **DCC uses the Kentucky Integrated Child Care System (KICCS), Child Care Executive Dashboard and our Professional Development Registry ECE-Tris.**

- iii. What is the plan to address the child care shortages using family child care homes? **The Division of Child Care has shifted the technical assistance (TA) for Health, Safety and Quality to the Family Child Care Network (FCCN) to better serve the individuals that are providing family child care in home. FCCN is currently working on obtaining their reliability for quality improvement. Our contract with FCCN is helping to sustain TA and providers that were funded with ARPA funded Family Child Care home start up grants.**
- iv. What is the plan to address the child care shortages using child care centers? **DCC is offering further benefits to Child Care providers by making them a protected population for CCAP eligibility. DCC has secured funding for Continuing Education for licensed child care providers to improve the workforce development.**

Citation:

<https://www.chfs.ky.gov/agencies/dccbs/dcc/Documents/childcareemployeeexclusionfaq.pdf>

c. In care for special populations:

- i. Data sources used to identify shortages: **The Division of Child Care (DCC) uses the Child Care Dashboard with collected data from Deloitte and our Professional Development Registry ECE-Tris. DCC also takes into account provider feedback to identify shortages when it is discussed at partnership meetings.**
- ii. Method of tracking progress: **DCC uses the Kentucky Integrated Child Care System (KICCS), Child Care Executive Dashboard and our Professional Development Registry ECE-Tris to monitor and evaluate progress.**
- iii. What is the plan to address the child care shortages using family child care homes? **Providing specific training and technical assistance utilizing the Family Child Care Network specialists to increase knowledge and awareness of serving children and families within special populations. With providing specific training and targeted TA family child care homes may feel more equipped to serve these populations in need.**
- iv. What is the plan to address the child care shortages using child care centers? **Providing specific training and technical assistance utilizing the Child Care Aware of Kentucky coaches to increase knowledge and awareness of serving children and families within special populations. With providing specific training and targeted TA child care providers may feel more equipped to serve these populations in need.**

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

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

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

- a. Underserved geographic areas. Describe: In 2023, the Division of Child Care offered a new opportunity: the Intergenerational Care Pilot Project. This project will provide financial support for up to four new child care programs across the state. This financial support would allow communities to focus on creating high-quality service that partners with local senior citizen centers. The Intergenerational Care Pilot Project aims to provide financial support in the amount of up to \$250,000.00 of matching funds to four programs to establish a new child care program. This financial support would allow communities to focus on high-quality services and operate a functional child care program within a senior citizen center.

Our focus is on building the child care structure within counties that lack regulated, high-quality services. We believe this pilot opportunity will help build strong support systems for our youngest citizens and create high-quality structures for children in our most vulnerable areas. DCC will begin evaluating this grant opportunity beginning in state fiscal year 2025.

- b. Infants and toddlers. Describe: The Division of Child Care has begun working with the Early Childhood Mental Health Specialist (ECMH) to bring training and coaching using the Conscious Discipline curriculum. This training is adult focused training to provide training and coaching specific to social-emotional learning (SEL) strategies. While the initial contract for the Conscious Discipline project is paid for with ARPA funding, DCC will continue to utilize the CCR&R contract to embed these strategies and framework through our trainings and technical assistance. The Infant Toddler Credential is a Kentucky specific credential that creates an IT specific leveled pathway to show the provider has a level of expertise within the IT age group. The IT digital badge is a digital signature associated with a minimum number of training hours of each domain specific to the IT age group.

- c. Children with disabilities. Describe: The Division of Child Care plans has begun working with the Early Childhood Mental Health Specialist (ECMH) to bring training and coaching using the Conscious Discipline curriculum. This training is adult focused training to provide training and coaching specific to social-emotional learning (SEL) strategies, specific to challenging behaviors. The Division of Child Care continues to provide training of trainers (TOTs) free of charge to credentialed trainers in areas of special needs.

Providers also receive a special rate of five (5) additional dollars per day beyond the maximum rate for care of a child with a special need.

- d. Children who receive care during non-traditional hours. Describe: Ten (10) dollars per day beyond the maximum rate for nontraditional care for providing child care assistance between: 7pm to 5 am daily or Friday, 7pm through Monday, 5am.

- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: The School Age Youth Development Associate Credential is a Kentucky specific credential that creates a School-Age Development specific leveled pathway to show the

provider has a level of expertise within the School-Aged age group. The School-Aged digital badge is a digital signature associated with a minimum number of training hours of each domain specific to the School-Aged age group. These initiatives are to increase the supply of quality teachers with specific trainings and skills pertaining to specific age groups within child care. Through ARPA funding DCC has contracted with Brightwheel to enroll all Kentucky providers in the online Brightwheel platform. The Brightwheel initiative has many benefits including to improve the quality in partnerships with family engagement and provider training for ALL-STARS levels, and regulatory professional development hour opportunities. Brightwheel also will be another way for the state agency to communicate with enrolled providers for CCDF funding initiatives that improve quality and the MRS surveys.

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/255/>

Citation: <https://info.mybrightwheel.com/kentucky>

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **The Lead Agency has offered a number of start-up grants utilizing ARPA Discretionary funding. These included start-up grants for family child care homes, business partnership grants, child care desert grants, community partnership grants, and the intergenerational child care grants. DCC, in collaboration with the Governor's Office of Early Childhood (GOEC), will be utilizing Preschool Development Grant (PDG) funds to continue these start-up opportunities through state fiscal year 2025. The Kentucky General Assembly allocated \$2 million in General Funds to establish an Innovations in Early Childhood Education Delivery Grant Program to continue providing start-up funding opportunities.**

5 Health and Safety of Child Care Settings

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

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the

providers are licensed or license-exempt, must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures by the [Lead Agency](#). CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, [Lead Agencies](#) set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

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

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

5.1 Licensing Requirements

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

5.1.1 Providers subject to licensing

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

- a. Identify the center-based provider types subject to child care licensing: **Licensed Type I child care centers provide care for 4 or more children in a nonresidential setting or 13 or more children in a designated space separate from the primary residence of the licensee.**

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/120/>

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

☐ Yes. If yes, describe:

☒ No.

- b. Identify the family child care providers subject to licensing: **A Type II child care provider delivers care in the residence of the licensee in which Kentucky child care is regularly provided for seven (7), but no more than twelve (12), children including children related to the licensee.**

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/120/>

A Certified Family Child Care provider shall apply for certification of the provider's home if the provider is caring for four (4) to six (6) children unrelated to the provider. A family child-care provider caring for three (3) or fewer children may apply for certification of the

provider's home at the discretion of the provider.

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/100/>

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

☒ Yes. If yes, describe: **Registered relative providers are eligible for Child Care Assistance Program (CCAP) funds in Kentucky. Registered relative providers are limited to only caring for children who are related to the caregiver. Registered relative providers must adhere to the following regulations: 922 KAR 2:180. Requirements for registered relative child care providers in the Child Care Assistance Program and 922 KAR 2:160 must be followed; more specifically: 922 KAR 2:160 Section 14 (5) (5). Care can be provided in the providers home or in the child's home. The initial application process determines where care is taking place.**

☐ No.

- c. Identify the in-home providers subject to licensing: **A Type II child care provider delivers care in the residence of the licensee in which Kentucky child care is regularly provided for seven (7), but no more than twelve (12), children including children related to the licensee.**

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/120/>

A Certified Family Child Care provider shall apply for certification of the provider's home if the provider is caring for four (4) to six (6) children unrelated to the provider. A family child-care provider caring for three (3) or fewer children may apply for certification of the provider's home at the discretion of the provider.

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/100/>

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

☒ Yes. If yes, describe: **Registered relative providers are eligible for Child Care Assistance Program (CCAP) funds in Kentucky. Registered relative providers must adhere to the following regulations: 922 KAR 2:180. Requirements for registered relative child care providers in the Child Care Assistance Program and 922 KAR 2:160 must be followed; more specifically: 922 KAR 2:160 Section 14 (5) (5). A registered relative child care provider in CCAP shall comply with an inspection in accordance with 42 U.S.C. 9858c(c)(2)(K)(i)(IV) and 922 KAR 2:180 conducted by the cabinet or its designee. Care can be provided in the providers home or in the child's home. The initial application process determines where care is taking place.**

☐ No.

5.1.2 CCDF-eligible providers exempt from licensing

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

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

- i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **License-exempt programs are not able to participate in CCDF.**
- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **922 KAR 2:090, Section 3, outlines the exempt child care settings: The following child-care settings shall be exempt from licensure requirements of this administrative regulation, 922 KAR 2:120, and 922 KAR 2:280:**
 - (1) Summer camps permitted by the cabinet as youth camps that serve school-age children;**
 - (2) Kindergarten through grade 12 in private schools while school is in session;**
 - (3) All programs and preschools regulated by the Kentucky Department of Education governed by KRS Chapter 157;**
 - (4) Summer programs operated by a religious organization that a child attends no longer than two (2) weeks;**
 - (5) Child care provided while parents are on the premises, other than the employment and educational site of parents;**
 - (6) Child care programs operated by the armed services located on an armed forces base;**
 - (7) Child care provided by educational programs that include parental involvement with the care of the child and the development of parenting skills;**
 - (8) Facilities operated by a religious organization while religious services are being conducted;**
 - (9) A child care program providing instructional and educational programs that:**
 - (a) Operates for a maximum of twenty (20) hours per week; and**
 - (b) A child attends for no more than ten (10) hours per week;**
 - (10) A child-care center that meets requirements of KRS 199.896(19) or (20);**
 - (11) An after-school program, which is:**
 - (a) A continuation of the school day during the academic year;**
 - (b) Operated and staffed by an accredited private or public school under the purview of the Kentucky Department of Education; and**
 - (c) Not participating in the Child Care Assistance Program in accordance with 922 KAR 2:160; and**
 - (12) An instructional program for school-age children that demonstrates to the cabinet that the requirements established in KRS 199.896(21) have been met.**

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/090/>
- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Kentucky Administrative Regulation, 922 KAR 2:090, provides limited exemptions from child care licensing. Programs who are exempt from child care licensing and regulations are typically regulated by another agency, such as the Kentucky Department of Education. These exemptions do not endanger the health, safety and welfare of the children, because in the majority of cases, the programs require background checks and have infectious disease requirements for participation. In Kentucky, per statutorily established exemption in KRS 199:896, programs that operate for less than 20 hours per week, in which children attend less than 10 hours, shall be exempt from child care licensing requirements.**

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/090/>

- b. License-exempt family child care. Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **A Registered Relative child care provider is not subject to licensure or certification by the state or federal government but must meet all requirements of the Child Care Assistance Program (CCAP) as outlined in 922 KAR 2:180. Registered relative providers must meet the minimum health, safety and training requirements specific to registered relative providers including age-appropriate CPR and first aid, and Pediatric Abusive Head Trauma training.**

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/180/>

- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **Per 922 KAR 2:180 Section 6 Child Ratios. During the hours of operation, a registered relative child care provider shall not care for more than: Six (6) children receiving CCAP per day or a total of eight (8) children inclusive of the provider's own children.**

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/180/>

- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Registered Relative child care providers are eligible for Child Care Assistance Program (CCAP) funds in Kentucky. Registered providers must adhere to the following regulations: 922 KAR 2:180. Requirements for registered relative child care providers in the Child Care Assistance Program and 922 KAR 2:160. Child Care Assistance Program.**

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/180/>

- c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **N/A**
- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **N/A**
- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **N/A**

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should

map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the **Lead Agency** defines the following age classifications (e.g., Infant: 0 – 18 months).

- a. Infant. Describe: **A child who is less than 12 months old.**
- b. Toddler. Describe: **A child between the ages of twelve (12) months and thirty-six (36) months.**
- c. Preschool. Describe: **A child between the ages of two and five years old.**
- d. School-Age. Describe: **A child attending kindergarten, elementary and secondary education.**

5.2.2 Ratio and group size limits

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

- a. Licensed CCDF center-based care:
 - i. Infant.
Ratio: **1 staff for 5 children (1:5)**
Group size: **10**
 - ii. Toddler.
Ratio: **Age 12-24 months: 1 staff for 6 children (1:6)**
Age 24-36 months: 1 staff for 10 children (1:10)
Group size: **Age 12-24 months: 12**
Age 24-36 months: 20
 - iii. Preschool.
Ratio: **Age 3-4 years: 1 staff for 12 children (1:12)**
Age 4-5 years: 1 staff for 14 children (1:14)
Group size: **Age 3-4 years: 24**
Age 4-5 years: 28
 - iv. School-Age.
Ratio: **Age 5-7 years: 1 staff for 15 children (1:15)**
Age 7 and older: 1 staff for 25 children (1:25) before or after school
Age 7 and older: 1 staff for 20 children (1:20) full day of care

Group size: **Age 5-7 years: 30**
Age 7 and older: 30 (for before or after school and full day of care)
 - v. Mixed-Age Groups (if applicable).

Ratio: The age of the youngest child in the group shall determine the staff to child ratio and maximum group size

Group size: The age of the youngest child in the group shall determine the staff to child ratio and maximum group size

- b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:
- i. ☐ Not applicable. There are no differences in ratios and group size requirements.
 - ii. Infant: **License-exempt center-based providers do not receive CCDF funds, therefore ratios and group sizes are not determined by our regulations.**
 - iii. Toddler: **License-exempt center-based providers do not receive CCDF funds, therefore ratios and group sizes are not determined by our regulations.**
 - iv. Preschool: **License-exempt center-based providers do not receive CCDF funds, therefore ratios and group sizes are not determined by our regulations.**
 - v. School-Age: **License-exempt center-based providers do not receive CCDF funds, therefore ratios and group sizes are not determined by our regulations.**
 - vi. Mixed-Age Groups: **License-exempt center-based providers do not receive CCDF funds, therefore ratios and group sizes are not determined by our regulations.**
- c. Licensed CCDF family child care home providers:
- i. Infant (if applicable)
Ratio: **1 staff for 4 children**
Group size: **10 maximum**
 - ii. Toddler (if applicable)
Ratio: **1 staff for 10 children**
Group size: **10 maximum**
 - iii. Preschool (if applicable)
Ratio: **1 staff for 10 children**
Group size: **10 maximum**
 - iv. School-Age (if applicable)
Ratio: **1 staff for 10 children**

Group size: **10 maximum**
 - v. Mixed-Age Groups

Ratio: **Maximum number of unrelated children in the care of a certified family child care provider shall not exceed six at any one time. A provider may care for four related children in addition to six unrelated children for a maximum child care capacity of 10 at any one time.**

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/100/>

Group size: **1 staff for 10 children**

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

☐ No.

☒ Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **A registered relative child care provider is not subject to licensure or certification by the state or federal government but must meet all requirements of the Child Care Assistance Program (CCAP) as outlined in 922 KAR 2:180.**

Registered providers must meet the minimum health, safety and training requirements specific to registered relative providers and not live within the same household as the child.

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/180/>

During hours of operation, a registered relative child care provider shall not care for more than: six (6) children receiving CCAP per day or a total of (8) children inclusive of the providers own children.

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

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

i. Infant (if applicable)

Ratio: **N/A**

Group size: **N/A**

ii. Toddler (if applicable)

Ratio: **N/A**

Group size: **N/A**

iii. Preschool (if applicable)

Ratio: **N/A**

Group size: **N/A**

iv. School-Age (if applicable)

Ratio: **N/A**

Group size: **N/A**

v. Mixed-Age Groups (if applicable)

Ratio: **N/A**

Group size: **N/A**

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

[] No.

[x] Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **A registered relative child care provider is not subject to licensure or certification by the state or federal government but must meet all requirements of the Child Care Assistance Program (CCAP) as outlined in 922 KAR 2:180.**

Registered providers must meet the minimum health, safety and training requirements specific to registered relative providers and not live within the same household as the child.

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/180/>

During hours of operation, a registered relative child care provider shall not care for more than: six (6) children receiving CCAP per day or a total of (8) children inclusive of the providers own children.

Registered relative providers can provide care in the child's home or the provider's home. The location of care is determined based on the type of initial application.

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

Provide the teacher/caregiver qualifications for each category of care.

a. Licensed center-based care

- i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **922 KAR 2:090 Child Care Licensing Requirements Section 11. Staff Requirements**

Child-care center staff hired after January 1, 2009, who have supervisory power over a minor and are not enrolled in secondary education are required to have a: High school diploma; GED or qualifying documentation from a comparable educational entity; or Commonwealth Child Care Credential as described in 922 KAR 2:250; and prior to employment and every two (2) years thereafter: A statement from a health professional that the individual is free of active tuberculosis; or a copy of a negative tuberculin results.

For a child-care center licensed for infant, toddler, or preschool-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in Infant and child cardiopulmonary resuscitation; and Infant and child first aid.

For a child-care center licensed for school-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills: Adult cardiopulmonary resuscitation; and First Aid.

Please note: While it is required that one (1) person present and on duty is certified, per 922 KAR 2:120 all staff must be trained in first aid and CPR specific to

the served age group. DCC provides this in Orientation as well as a standalone, on-demand training.

A staff person with supervisory authority over a must also obtain: Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child care program; Nine (9) hours of cabinet-approved early care and education training within the first year of employment in a child care program, including on and on-half (1 ½) hours of cabinet-approved pediatric abusive head trauma training.

After their first year, they must obtain fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care center, including pediatric abusive head trauma training completed additionally every five (5) years.

- 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: **922 KAR 2:090 Child Care Licensing Requirements Section 10. Director Requirements and Responsibilities.**

A director must be at least twenty-one (21) years of age, have a high school diploma, a general equivalency diploma (GED), or qualifying documentation from a comparable educational entity.

A director cannot be employed in a position other than an onsite child care director, or director of multiple facilities, during the hours the child-care center is in operation.

They must ensure: Compliance with 922 KAR 2:120, 922 KAR 2:280 and the designation of one (1) adult staff person in charge to carry out the director's duties if the director is not present in the child-care center during operating hours. The director shall be responsible for the actions of the designee during the director's absence.

Directors will manage the staff in their individual job descriptions, assure the development, implementation, and monitoring of child-care center plans, policies, and procedures, supervise staff conduct to ensure implementation of program policies and procedures, post a schedule of daily activities, to include dates and times of activities to be conducted with the children in each classroom, conduct, manage, and document in writing recurring staff meetings, assess each staff person's interaction with children in care and classroom performance through an annual written performance evaluation, assure that additional staff are available during cooking and cleaning hours, if necessary, to maintain staff-to-child ratios pursuant to 922 KAR 2:120. They will notify the parent immediately of an accident or incident requiring medical treatment of a child, assure that a person acting as a caregiver of a child in care shall not be left alone with a child, if the licensee has not received the results of the background checks as established in 922 KAR 2:280, assure each mandatory record specified in Section 9 of this administrative

regulation has not been altered or falsified, coordinate at least one (1) annual activity involving parental or family participation, not have had previous ownership interest in a child-care program that had its certification, license, or registration denied or revoked.

The director of a Type I child-care center must meet one (1) of several options for educational/experience requirements as listed in 922 KAR 2:090 Section 10 (2). This can include formal education in related or unrelated fields, with additional experience, credentials and certifications.

(<https://apps.legislature.ky.gov/law/kar/titles/922/002/090/REG/>)

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **922 KAR 2:090 Child Care Licensing Requirements Section 11. Staff Requirements (Licensed Type II Family Child Care)**

For each adult residing at a Type II child-care center, the results of the following shall be maintained on file at the center:

Background checks conducted in accordance with 922 KAR 2:280; and a copy of negative tuberculin results or a health professional's statement documenting that the adult is free of tuberculosis. Every two (2) years, the adult shall provide negative tuberculin results or health professional's statement documenting that the adult is free of tuberculosis.

If a new adult begins residing in a Type II child-care center, the adult shall submit to background and health checks within thirty (30) calendar days of residence within the household.

A staff person with supervisory authority over a child shall complete the following:

Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child care program, nine (9) hours of cabinet-approved early care and education training within the first

year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet approved pediatric abusive head trauma training, and fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.

For Certified Family child care homes per 922 KAR 2:100: Section 2

Upon application to become certified, a provider must submit: a high school diploma, general equivalency diploma (GED), or documentation from a comparable educational entity; or Commonwealth Child Care Credential in accordance with 922 KAR 2:250. An applicant must be currently certified by an agency approved in accordance with 922 KAR 2:240 in infant, child, and adult CPR and First Aid.

922 KAR 2:100 Section 10: Standards for the Provider

Between July 1 and June 30 of each subsequent year of operation, a provider shall complete at least nine (9) hours of cabinet-approved early care and education training, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head

trauma training completed once every five (5) years.

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

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **Registered relative child care providers can provide care in the child's home, but are related to the child in care. Registered relative providers must complete Pediatric Abusive Head Trauma training and be certified in CPR and First Aid for their served age groups.**

Registered relative providers must comply with KARES background checks when caring for children in the providers home. KARES background checks must be completed for anyone over the age of 18 who reside in the home.

5.2.4 Teacher/caregiver qualifications for license-exempt providers

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

- a. License-exempt center-based child care. **Center-based child care settings that are license-exempt do not have teacher/caregiver qualifications regulated by the Division of Child Care, with the exception of: An instructional program for school-age children that demonstrates to the cabinet that the requirements established in KRS 199.896(21) have been met (922 KAR 2:090 Section 3(12)).**
- b. License-exempt home-based child care. **A registered relative child care provider is not subject to licensure or certification by the state or federal government but must meet all requirements of the Child Care Assistance Program (CCAP) as outlined in 922 KAR 2:180. Registered relative child care providers must meet the minimum health, safety and training requirements specific to registered relative providers and not live within the same household as the child. Registered relative providers can provide care in their home or the child's home.**

Per 922 KAR 2:180, Section 2: Applicants must provide:

Proof by photo identification or birth certificate that the individual is eighteen (18) years or older and verification of Social Security number.

They must also have completed background checks in accordance with 922 KAR 2:280; and verification that the individual has completed the cabinet-approved training on billing and the DCC-94E required by 922 KAR 2:160.

Within ninety (90) calendar days of submitting an application to be a registered relative child care provider in CCAP pursuant to subsection (1) of this section, the applicant shall provide verification that the applicant has obtained training approved by the cabinet or its designee in the areas of recognition of child abuse and neglect, which shall include one and one-half (1.5) hours of cabinet-approved pediatric abusive head trauma training and age-appropriate cardiopulmonary resuscitation (CPR) and first aid certified by a training agency that has been approved by the cabinet as providing research-based and scientific

best practices.

- c. License-exempt in-home care (care in the child's own home). **A registered relative child care provider is not subject to licensure or certification by the state or federal government but must meet all requirements of the Child Care Assistance Program (CCAP) as outlined in 922 KAR 2:180. Registered relative child care providers must meet the minimum health, safety and training requirements specific to registered relative providers and not live within the same household as the child. Registered relative providers can provide care in their home or the child's home.**

Per 922 KAR 2:180, Section 2: Applicants must provide:

Proof by photo identification or birth certificate that the individual is eighteen (18) years or older and verification of Social Security number.

They must also have completed background checks in accordance with 922 KAR 2:280; and verification that the individual has completed the cabinet-approved training on billing and the DCC-94E required by 922 KAR 2:160.

Within ninety (90) calendar days of submitting an application to be a registered relative child care provider in CCAP pursuant to subsection (1) of this section, the applicant shall provide verification that the applicant has obtained training approved by the cabinet or its designee in the areas of recognition of child abuse and neglect, which shall include one and one-half (1.5) hours of cabinet-approved pediatric abusive head trauma training and age-appropriate cardiopulmonary resuscitation (CPR) and first aid certified by a training agency that has been approved by the cabinet as providing research-based and scientific best practices.

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

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

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

- 5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard
 - a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Standards of Practice: If a child shows signs of a contagious illness that could be communicable, he or she shall be removed from care and placed in an isolated area until the family is able to pick up the child from the facility. The child shall remain outside of the facility until he or she is symptom-free for 24-hours.**

922 KAR 2:120 Child-care health and safety standards

Section 3 General Requirements Subsection 6:

A staff person suspected of being infected with a communicable disease shall not perform duties that may allow for the transmission of the disease until the infection condition can no longer be transmitted and provide a statement from a health professional, if requested.

Section 3 General Requirements Subsection 4 a-c; Subsection 5 a-d;

These sections discuss handwashing requirements for both children and staff.

Section 12 Toilet, Diapering and Toiletry Requirements. Subsections 1-13

These sections discuss toilet requirements, the use of toilet chairs, gloves, diapers, etc.

Section 7 First Aid and Medicine. Subsection 8

Each center shall ensure that every staff member as received training on first aid and cardiopulmonary resuscitation (CPR).

To meet this requirement, DCC has implemented a free course on ECE-TRIS for all child care providers. This course covers communicable diseases and prevention strategies in Module 5. In addition to regulation requirements, providers will find more resources in the Tips and Tools section of the Child Care Aware of Kentucky website. www.childcareawareky.org/tipsand-tools/ Resources include but not limited to: Diapering Steps Posters, Handwashing Posters, Sanitizing and Disinfecting Directions, etc. All new staff are required to take Orientation, which includes a section on Health and Safety standards with resources, activities and knowledge checks. Orientation also meets the first aid and CPR training requirement, but does not result in a certification.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:120 Section 3 General Requirements Subsection 6:**

A staff person suspected of being infected with a communicable disease shall not perform duties that may allow for the transmission of the disease until the infection condition can no longer be transmitted and provide a statement from a health professional, if requested.

922 KAR 2:100 Section 13 Care Requirements for a Provider Subsection 1-5

These sections discuss handwashing requirements for both children and staff members.

922 KAR 2:100 Section 13 Care Requirements for a Provider Subsection 6

This section discusses a provider's requirement to ensure children do not share cups, utensils, towels or toileting items.

922 KAR 2:100 Section 13 Care Requirements for a Provider Subsection 18

This section discusses that waste and biological contaminants, such as bodily fluids, blood, or excretions, shall

be disposed of in a manner that prevents exposure to children, inaccessible to children, and in a covered plastic-lined receptacle with a close-fitting lid.

922 KAR 2:100 Section 14. Toilet and Diapering Requirements. Subsection 1-12
These sections discuss toilet requirements, the use of toilet chairs, gloves, diapers, etc.

922 KAR 2:100 Section 16 Medication and First Aid Subsection 7-8

These subsections require that a separate area that can be supervised be provided for children too sick to remain with other children, and that providers and assistants must be able to recognize symptoms of illness, provide basic first aid, and maintain a program that assures affirmative steps to protect children from abuse and neglect.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt center based programs.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Registered Relative child care Providers do not have regulatory requirements for addressing the prevention and control of infectious disease.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Registered Relative child care Providers do not have regulatory requirements for addressing the prevention and control of infectious disease.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Standards of Practice:**
If a child shows signs of a contagious illness that could be communicable, he or she shall be removed from care and placed in an isolated area until the family is able to pick up the child from the facility. The child shall remain outside of the facility until he or she is symptom-free for 24-hours.

922 KAR 2:120 Child-care health and safety standards

Section 3 General Requirements Subsection 6:

A staff person suspected of being infected with a communicable disease shall not perform duties that may allow for the transmission of the disease until the infection condition can no longer be transmitted and provide a statement from a health professional, if requested.

Section 3 General Requirements Subsection 4 a-c; Subsection 5 a-d;
These sections discuss handwashing requirements for both children and staff.

Section 12 Toilet, Diapering and Toiletry Requirements. Subsections 1-13
These sections discuss toilet requirements, the use of toilet chairs, gloves, diapers, etc.

Section 7 First Aid and Medicine. Subsection 8

Each center shall ensure that every staff member as received training on first aid and cardiopulmonary resuscitation (CPR).

To meet this requirement, DCC has implemented a free course on ECE-TRIS for all child care providers. This course covers communicable diseases and prevention strategies in Module 5. In addition to regulation requirements, providers will find more resources in the Tips and Tools section of the Child Care Aware of Kentucky website. www.childcareawareky.org/tipsand-tools/ Resources include but not limited to: Diapering Steps Posters, Handwashing Posters, Sanitizing and Disinfecting Directions, etc.

- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **922 KAR 2:090 Section 9. Records Subsection 1**
A child-care center is required to maintain a current immunization certificate for each child in care within thirty (30) days of the child's enrollment, unless an attending physician or the child's parent objects to the immunization of the child.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Section 19. Records Subsection 1**
A provider is required to maintain a current immunization certificate for each child in care within thirty (30) days of the child's enrollment, unless an attending physician or the child's parent objects to the immunization of the child.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt center based programs.**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Registered Relative child care Providers do not have regulatory requirements that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency.
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Registered Relative child care Providers do not have regulatory requirements that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **922 KAR 2:090 Section 9. Records Subsection 1**
A child-care center is required to maintain a current immunization certificate for

each child in care within thirty (30) days of the child's enrollment, unless an attending physician or the child's parent objects to the immunization of the child.

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

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

- i. All CCDF-eligible licensed center care. Provide the standard: **922 KAR 2:120 Section 6. Sleeping and Napping Requirements Subsection 1**
An infant shall sleep or nap on the infant's back unless the infant's health professional signs a waiver that states the infant requires an alternate sleeping position.

922 KAR 2:120 Section 6. Sleeping and Napping Requirements Subsection 3(a)
This subsection discusses infant sleep requirements - including cribs, mattresses, bedding and toys

922 KAR 2:120 Section 6. Sleeping and Napping Requirements Subsection 2-9
These subsections discuss rest time and sleeping requirements by age, spacing requirements for sleep, cleaning requirements for sleeping materials (cots, sheets, soiled bedding, etc) and storage of sleep materials.

Our mandated Pediatric Abusive Head Trauma training includes a section on safe sleep for infants and preventing SIDS, SUIDS and more.
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Section 13. Care Requirements for Provider Subsection 7**
An infant shall sleep and nap on the infant's back unless the infant's health professional signs a waiver that states the infant requires an alternate sleeping position.
Subsection 9(a): This subsection discusses infant sleep requirements - including cribs, mattresses, bedding and toys

922 KAR 2:100 Section 13 Care Requirements for a Provider Subsections 8-12
These subsections discuss rest time and sleeping requirements by age, spacing requirements for sleep, cleaning requirements for sleeping materials (cots, sheets, soiled bedding, etc), storage of sleep materials, and providing overnight care for children.
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt center providers.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Registered relative child care providers do not have regulations that address the**

prevention of sudden infant death syndrome and use of safe sleeping practices.

Registered relative child care providers are required to take the pediatric abusive head trauma training, upon application and every subsequent 5 years, which addresses safe infant sleep and the prevention of SIDS.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Registered relative child care providers do not have regulations that address the prevention of sudden infant death syndrome and use of safe sleeping practices.**

Registered relative child care providers are required to take the pediatric abusive head trauma training, upon application and every subsequent 5 years, which addresses safe infant sleep and the prevention of SIDS.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **922 KAR 2:120 Section 6. Sleeping and Napping Requirements Subsection 1**
An infant shall sleep or nap on the infant's back unless the infant's health professional signs a waiver that states the infant requires an alternate sleeping position.

922 KAR 2:120 Section 6. Sleeping and Napping Requirements Subsection 3(a)
This subsection discusses infant sleep requirements - including cribs, mattresses, bedding and toys

922 KAR 2:120 Section 6. Sleeping and Napping Requirements Subsection 2-9
These subsections discuss rest time and sleeping requirements by age, spacing requirements for sleep, cleaning requirements for sleeping materials (cots, sheets, soiled bedding, etc) and storage of sleep materials.

Our mandated Pediatric Abusive Head Trauma training includes a section on safe sleep for infants and preventing SIDS, SUIDS and more.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **922 KAR 2:120 Section 7. First Aid and Medicine, subsection 4-7 require that programs obtain written permission from the child's parent/guardian and include the:**
 - Name of medication**
 - Dose to be given**
 - Route (how to give the medication - orally, topically, etc.)**
 - Time (when medication should be given and the time the last dose was given prior to the child arriving at the program)**
 - Parent signature**

Programs should also obtain the following information prior to administering any medication: purpose of medication, side effects to watch for, any special instructions, any known medication allergies of the child, and the name and phone number of the prescribing doctor.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Section 16 Medication and First Aid Subsections 1-6**
These subsections discuss requirements for medication storage and administration, medication training requirements for providers, maintenance of first aid supplies, the use of gloves, cleaning contaminated clothing and/or surfaces, and notification to a child's family of a medical emergency.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt centers.**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Registered relative child care providers do not have regulations that address the administration of medication.**

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Registered relative child care providers do not have regulations that address the administration of medication.**

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **922 KAR 2:120 Section 7. First Aid and Medicine, subsection 4-7 require that programs obtain written permission from the child's parent/guardian and include the:**
 - Name of medication
 - Dose to be given
 - Route (how to give the medication - orally, topically, etc.)
 - Time (when medication should be given and the time the last dose was given prior to the child arriving at the program)
 - Parent signature

Programs should also obtain the following information prior to administering any medication: purpose of medication, side effects to watch for, any special instructions, any known medication allergies of the child, and the name and phone number of the prescribing doctor.

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

- i. All CCDF-eligible licensed center care. Provide the standard: **922 KAR 2:120**

Section 7. First Aid and Medicine, subsection 4-7 require that programs obtain written permission from the child's parent/guardian and include the:

- Name of medication
- Dose to be given
- Route (how to give the medication - orally, topically, etc.)
- Time (when medication should be given and the time the last dose was given prior to the child arriving at the program)
- Parent signature

Programs should also obtain the following information prior to administering any medication: purpose of medication, side effects to watch for, any special instructions, any known medication allergies of the child, and the name and phone number of the prescribing doctor.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Section 16 Medication and First Aid Subsection 2**
This subsection requires prescription and non prescription medication be administered to a child in care with the written request of the child's parent or the child's prescribing health professional.
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x]Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt centers.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Registered relative child care providers do not have regulations that address the administration of medication.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Registered relative child care providers do not have regulations that address the administration of medication.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **922 KAR 2:120 Section 7. First Aid and Medicine, subsection 4-7 require that programs obtain written permission from the child's parent/guardian and include the:**
 - Name of medication
 - Dose to be given
 - Route (how to give the medication - orally, topically, etc.)
 - Time (when medication should be given and the time the last dose was given prior to the child arriving at the program)
 - Parent signature

Programs should also obtain the following information prior to administering any medication: purpose of medication, side effects to watch for, any special instructions, any known medication allergies of the child, and the name and phone number of the prescribing doctor.

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

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

- i. All CCDF-eligible licensed center care. Provide the standard: **Kentucky Standards of Practice (SOP) Guide:**

All staff should be notified of food allergies and allergic reactions that are reported by parents.

Allergies and intolerances should be documented by a physician. An allergy is an immune response and an intolerance is a metabolic response (e.g., a lactate deficiency for lactose intolerant children).

If a parent/guardian has given written permission, a child's allergy may be posted in sight for all staff. Be alert to unexpected encounters with allergic substances. Be sure to get written instructions and training from the child's doctor for how to respond to a child's allergic reactions, including and medication needed or emergency treatment (including training in the use of epinephrine, e.g., an EpiPen®, for a child with a history of allergic reactions.)

Citation for statute utilized in 922 KAR 2:120 and the Standards of Practice regarding epinephrine:

<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=45348>

922 KAR 2:120 Section 9. Food and Drink Requirements for All Child-Care Centers Subsection 19

A parent and/or physician can provide written authorization to substitute or exclude a specific food and can list suitable alternatives that meet the same food component requirement.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Section 19 Records Subsection 1 (b)(3)(d)**

This subsection requires food or other allergies to be documented in a care plan to include instructions regarding the allergy and any identifying symptoms, steps taken to avoid and prevent the allergen, and a plan of treatment in the event of an allergic reaction, to include medication, doses, and administration of an epinephrine auto-injector.

922 KAR 2:100 Section 19 Records Subsection 1 (b)(3)(h)

This subsection discusses the requirement for a permission form and allergy care plan for each trip away from the family child-care home signed by the child's parent.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There**

are no CCDF-eligible license-exempt centers.

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Registered relative child care providers do not have regulations that address the prevention of emergencies due to food and allergic reactions.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Registered relative child care providers do not have regulations that address the prevention of emergencies due to food and allergic reactions.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Kentucky Standards of Practice (SOP) Guide:**
All staff should be notified of food allergies and allergic reactions that are reported by parents.
Allergies and intolerances should be documented by a physician. An allergy is an immune response and an intolerance is a metabolic response (e.g., a lactate deficiency for lactose intolerant children).

If a parent/guardian has given written permission, a child's allergy may be posted in sight for all staff. Be alert to unexpected encounters with allergic substances. Be sure to get written instructions and training from the child's doctor for how to respond to a child's allergic reactions, including and medication needed or emergency treatment (including training in the use of epinephrine, e.g., an EpiPen®, for a child with a history of allergic reactions.)

Citation for statute utilized in 922 KAR 2:120 and the Standards of Practice regarding epinephrine:

<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=45348>

922 KAR 2:120 Section 9. Food and Drink Requirements for All Child-Care Centers Subsection 19

A parent and/or physician can provide written authorization to substitute or exclude a specific food and can list suitable alternatives that meet the same food component requirement.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Kentucky Standards of Practice (SOP) Guide:**
If a parent/guardian has given written permission, a child's allergy may be posted in sight for all staff. Be alert to unexpected encounters with allergic substances. Be sure to get written instructions and training from the child's doctor for how to respond to a child's allergic reactions, including and medication needed or emergency treatment (including training in the use of epinephrine, e.g., an EpiPen®, for a child with a history of allergic reactions.)
Citation for statute utilized in 922 KAR 2:120 and the Standards of Practice regarding epinephrine:

<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=45348>

922 KAR 2:120 Section 7 First Aid and Medicine Subsection 6 (a)(3)

This subsection discusses requirements for an epinephrine auto-injector, including required training, seeking medical care once it is used and reporting to the parent.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Section 16 Medication and First Aid Subsection 1(c)**

This subsection discusses the requirements for use of an epinephrine auto-injector, including required training, seeking medical care once it is used and reporting to the parent.

922 KAR 2:100 Section 19 Records Subsection 1 (b)(3)(d)

This subsection requires food or other allergies to be documented in a care plan to include instructions regarding the allergy and any identifying symptoms, steps taken to avoid and prevent the allergen, and a plan of treatment in the event of an allergic reaction, to include medication, doses, and administration of an epinephrine auto-injector.

Citation for statute utilized in 922 KAR 2:100 and the Standards of Practice regarding epinephrine:

<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=45348>

- iii. All CCDF-eligible licensed in-home care. Provide the standard::

☒ Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt centers.**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Registered relative child care providers do not have regulations that address the response to emergencies due to food and allergic reactions.**

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Registered relative child care providers do not have regulations that address the response to emergencies due to food and allergic reactions.**

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Kentucky Standards of Practice (SOP) Guide:**

If a parent/guardian has given written permission, a child's allergy may be posted in sight for all staff. Be alert to unexpected encounters with allergic substances. Be sure to get written instructions and training from the child's doctor for how to respond to a child's allergic reactions, including and medication needed or emergency treatment (including training in the use of epinephrine, e.g., an EpiPen®, for a child with a history of allergic reactions.)

Citation for statute utilized in 922 KAR 2:120 and the Standards of Practice regarding epinephrine:

<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=45348>

922 KAR 2:120 Section 7 First Aid and Medicine Subsection 6 (a)(3)

This subsection discusses requirements for an epinephrine auto-injector, including required training, seeking medical care once it is used and reporting to the parent.

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **922 KAR 2:120 Child-care center health and safety standards Section 4 Premises Requirements**
This section addressed requirements for clean and in good repair premises, compliance with Kentucky Fire Marshal and zoning laws, carbon monoxide detectors, general construction being ventilated, dry and well-lit, square footage, management of pests, water supply, sewage and plumbing, temperature of the building, outdoor activity and play areas, fencing, crawl spaces, bodies of water, and storage spaces.

Included in our Orientation pre-service training are requirements for supervision and safety awareness.

These points include:

-Be alert. Know where children are at all times.

-Position yourself strategically so that you can see all of the children.

-Circulate throughout the room.

-Be close enough to intervene if necessary.

-Establish clear, simple and positive safety rules. For example: We walk inside.

Running is for outside. Our toys are for playing.

-Remain within range of voice so that you can hear the children and they can hear you.

-Maintain child/staff ratios at all times.

Furthermore, Orientation addresses learning to recognize, remove, and/or limit potential safety hazards, like falls, drowning, burns, choking, suffocation and strangulation, poisoning; and vehicle-related injuries.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Certification of Family Child-Care Homes**
Section 2 Subsection 9

Section 12 The General Requirements of the Family Child-Care Home Environment

This section discusses the regulations for premises safety including having adequate heating/cooling, ventilation and lighting, appropriate exits, smoke detectors, fire extinguishers and carbon monoxide detectors, accessible areas being free from harmful objects (like knives, cleaning supplies, and combustibles), alcohol and firearm restrictions, electrical outlets, fans and heat sources, phone and emergency contact requirements, equipment and toy requirements, stairs

and steps safety, square footage requirements, outdoor play and supervision requirements (including barriers that prohibit access to traffic, gullies, bodies of water and other hazards), swimming pool restrictions, drill requirements, water supply and bathroom requirements, garbage requirements, general cleanliness and playpens and play yard safety.

Included in our Orientation pre-service training are requirements for supervision and safety awareness.

These points include:

- Be alert. Know where children are at all times.
- Position yourself strategically so that you can see all of the children.
- Circulate throughout the room.
- Be close enough to intervene if necessary.
- Establish clear, simple and positive safety rules. For example: We walk inside. Running is for outside. Our toys are for playing.
- Remain within range of voice so that you can hear the children and they can hear you.
- Maintain child/staff ratios at all times.

Furthermore, Orientation addresses learning to recognize, remove, and/or limit potential safety hazards, like falls, drowning, burns, choking, suffocation and strangulation, poisoning; and vehicle-related injuries.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt centers.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Registered relative child care providers do not have regulations that address the identification of and protection from building and physical premises hazards.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Registered relative child care providers do not have regulations that address the identification of and protection from building and physical premises hazards.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **922 KAR 2:120 Child-care center health and safety standards Section 4 Premises Requirements**
This section addressed requirements for clean and in good repair premises, compliance with Kentucky Fire Marshal and zoning laws, carbon monoxide detectors, general construction being ventilated, dry and well-lit, square footage, management of pests, water supply, sewage and plumbing, temperature of the building, outdoor activity and play areas, fencing, crawl spaces, bodies of water, and storage spaces.

Included in our Orientation pre-service training are requirements for supervision and safety awareness.

These points include:

- Be alert. Know where children are at all times.
- Position yourself strategically so that you can see all of the children.
- Circulate throughout the room.
- Be close enough to intervene if necessary.
- Establish clear, simple and positive safety rules. For example: We walk inside. Running is for outside. Our toys are for playing.
- Remain within range of voice so that you can hear the children and they can hear you.
- Maintain child/staff ratios at all times.

Furthermore, Orientation addresses learning to recognize, remove, and/or limit potential safety hazards, like falls, drowning, burns, choking, suffocation and strangulation, poisoning; and vehicle-related injuries.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **922 KAR 2:120 Child-care center health and safety standards Section 4 Premises Requirements**
This section addressed requirements for clean and in good repair premises, compliance with Kentucky Fire Marshal and zoning laws, carbon monoxide detectors, general construction being ventilated, dry and well-lit, square footage, management of pests, water supply, sewage and plumbing, temperature of the building, outdoor activity and play areas, fencing, crawl spaces, bodies of water, and storage spaces.

Included in our Orientation pre-service training are requirements for supervision and safety awareness.
These points include:
 - Be alert. Know where children are at all times.
 - Position yourself strategically so that you can see all of the children.
 - Circulate throughout the room.
 - Be close enough to intervene if necessary.
 - Establish clear, simple and positive safety rules. For example: We walk inside. Running is for outside. Our toys are for playing.
 - Remain within range of voice so that you can hear the children and they can hear you.
 - Maintain child/staff ratios at all times.
 Furthermore, Orientation addresses learning to recognize, remove, and/or limit potential safety hazards, like falls, drowning, burns, choking, suffocation and strangulation, poisoning; and vehicle-related injuries.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Certification of Family Child-Care Homes**
Section 2 Subsection 9
Section 12 The General Requirements of the Family Child-Care Home Environment
This section discusses the regulations for premises safety including having

adequate heating/cooling, ventilation and lighting, appropriate exits, smoke detectors, fire extinguishers and carbon monoxide detectors, accessible areas being free from harmful objects (like knives, cleaning supplies, and combustibles), alcohol and firearm restrictions, electrical outlets, fans and heat sources, phone and emergency contact requirements, equipment and toy requirements, stairs and steps safety, square footage requirements, outdoor play and supervision requirements (including barriers that prohibit access to traffic, gullies, bodies of water and other hazards), swimming pool restrictions, drill requirements, water supply and bathroom requirements, garbage requirements, general cleanliness and playpens and play yard safety.

Included in our Orientation pre-service training are requirements for supervision and safety awareness.

These points include:

- Be alert. Know where children are at all times.
- Position yourself strategically so that you can see all of the children.
- Circulate throughout the room.
- Be close enough to intervene if necessary.
- Establish clear, simple and positive safety rules. For example: We walk inside. Running is for outside. Our toys are for playing.
- Remain within range of voice so that you can hear the children and they can hear you.
- Maintain child/staff ratios at all times.

Furthermore, Orientation addresses learning to recognize, remove, and/or limit potential safety hazards, like falls, drowning, burns, choking, suffocation and strangulation, poisoning; and vehicle-related injuries.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt centers.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Registered relative child care providers do not have regulations that address the identification of and protection from bodies of water.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Registered relative child care providers do not have regulations that address the identification of and protection from bodies of water.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **922 KAR 2:120 Child-care center health and safety standards Section 4 Premises Requirements**
This section addressed requirements for clean and in good repair premises, compliance with Kentucky Fire Marshal and zoning laws, carbon monoxide detectors, general construction being ventilated, dry and well-lit, square footage, management of pests, water supply, sewage and plumbing, temperature of the building, outdoor activity and play areas, fencing, crawl spaces, bodies of water,

and storage spaces.

Included in our Orientation pre-service training are requirements for supervision and safety awareness.

These points include:

- Be alert. Know where children are at all times.
- Position yourself strategically so that you can see all of the children.
- Circulate throughout the room.
- Be close enough to intervene if necessary.
- Establish clear, simple and positive safety rules. For example: We walk inside. Running is for outside. Our toys are for playing.
- Remain within range of voice so that you can hear the children and they can hear you.
- Maintain child/staff ratios at all times.

Furthermore, Orientation addresses learning to recognize, remove, and/or limit potential safety hazards, like falls, drowning, burns, choking, suffocation and strangulation, poisoning; and vehicle-related injuries.

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

- i. All CCDF-eligible licensed center care. Provide the standard: **922 KAR 2:120 Child-care center health and safety standards Section 4 Premises Requirements**
This section addressed requirements for clean and in good repair premises, compliance with Kentucky Fire Marshal and zoning laws, carbon monoxide detectors, general construction being ventilated, dry and well-lit, square footage, management of pests, water supply, sewage and plumbing, temperature of the building, outdoor activity and play areas, fencing, crawl spaces, bodies of water, and storage spaces.

Included in our Orientation pre-service training are requirements for supervision and safety awareness.

These points include:

- Be alert. Know where children are at all times.
- Position yourself strategically so that you can see all of the children.
- Circulate throughout the room.
- Be close enough to intervene if necessary.
- Establish clear, simple and positive safety rules. For example: We walk inside. Running is for outside. Our toys are for playing.
- Remain within range of voice so that you can hear the children and they can hear you.
- Maintain child/staff ratios at all times.

Furthermore, Orientation addresses learning to recognize, remove, and/or limit potential safety hazards, like falls, drowning, burns, choking, suffocation and strangulation, poisoning; and vehicle-related injuries.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Certification of Family Child-Care Homes**
Section 2 Subsection 9
Section 12 The General Requirements of the Family Child-Care Home Environment
This section discusses the regulations for premises safety including having adequate heating/cooling, ventilation and lighting, appropriate exits, smoke detectors, fire extinguishers and carbon monoxide detectors, accessible areas being free from harmful objects (like knives, cleaning supplies, and combustibles), alcohol and firearm restrictions, electrical outlets, fans and heat sources, phone and emergency contact requirements, equipment and toy requirements, stairs and steps safety, square footage requirements, outdoor play and supervision requirements (including barriers that prohibit access to traffic, gullies, bodies of water and other hazards), swimming pool restrictions, drill requirements, water supply and bathroom requirements, garbage requirements, general cleanliness and playpens and play yard safety.
- Included in our Orientation pre-service training are requirements for supervision and safety awareness.
These points include:
- Be alert. Know where children are at all times.
 - Position yourself strategically so that you can see all of the children.
 - Circulate throughout the room.
 - Be close enough to intervene if necessary.
 - Establish clear, simple and positive safety rules. For example: We walk inside. Running is for outside. Our toys are for playing.
 - Remain within range of voice so that you can hear the children and they can hear you.
 - Maintain child/staff ratios at all times.
- Furthermore, Orientation addresses learning to recognize, remove, and/or limit potential safety hazards, like falls, drowning, burns, choking, suffocation and strangulation, poisoning; and vehicle-related injuries.
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt centers.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Registered relative child care providers do not have regulations that address the identification of and protection from vehicular traffic hazards.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Registered relative child care providers do not have regulations that address the identification of and protection from vehicular traffic hazards.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **922 KAR 2:120 Child-care center health and safety standards Section 4 Premises Requirements**

This section addressed requirements for clean and in good repair premises, compliance with Kentucky Fire Marshal and zoning laws, carbon monoxide detectors, general construction being ventilated, dry and well-lit, square footage, management of pests, water supply, sewage and plumbing, temperature of the building, outdoor activity and play areas, fencing, crawl spaces, bodies of water, and storage spaces.

Included in our Orientation pre-service training are requirements for supervision and safety awareness.

These points include:

- Be alert. Know where children are at all times.
- Position yourself strategically so that you can see all of the children.
- Circulate throughout the room.
- Be close enough to intervene if necessary.
- Establish clear, simple and positive safety rules. For example: We walk inside. Running is for outside. Our toys are for playing.
- Remain within range of voice so that you can hear the children and they can hear you.
- Maintain child/staff ratios at all times.

Furthermore, Orientation addresses learning to recognize, remove, and/or limit potential safety hazards, like falls, drowning, burns, choking, suffocation and strangulation, poisoning; and vehicle-related injuries.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Legislation mandates education on the identification and prevention of Pediatric Abusive Head Trauma for various groups in the state who work with or care for young children. This training will help caregivers recognize the signs of maltreatment, which can prevent escalations to Pediatric Abusive Head Trauma. Caregivers will learn effective strategies for dealing with a crying infant, which is the most common trigger for Pediatric Abusive Head Trauma. All employees and owners of a licensed, certified or registered child-care programs are required to take a minimum of 1.5 hours of training on PAHT once every five years as part of their continuing education requirements and counts towards the required annual training total.**

The Division of Child Care partners with Prevent Child Abuse Kentucky and Dr. Melissa Currie for the PAHT curriculum development. A recent update to the PAHT curriculum was completed in November 2023. While abusive head trauma is most common in infants, it can also happen in older children, through school-age. This training addresses this and also provides pictures of how it may appear on an

older child.

922 KAR 2:090 Child Care Licensure Section 11 Staff Requirements Subsection 16 (c)

This subsection describes the requirement for all staff with supervisory authority to complete 1.5 hours of PAHT within their first year of employment, and again every 5 years.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard:
Legislation mandates education on the identification and prevention of Pediatric Abusive Head Trauma for various groups in the state who work with or care for young children. This training will help caregivers recognize the signs of maltreatment, which can prevent escalations to Pediatric Abusive Head Trauma. Caregivers will learn effective strategies for dealing with a crying infant, which is the most common trigger for Pediatric Abusive Head Trauma. All employees and owners of a licensed, certified and registered child-care programs are required to take a minimum of 1.5 hours of training on PAHT once every five years as part of their continuing education requirements and counts towards the required annual training total.

The Division of Child Care partners with Prevent Child Abuse Kentucky and Dr. Melissa Currie for the PAHT curriculum development. A recent update to the PAHT curriculum was completed in November 2023. While abusive head trauma is most common in infants, it can also happen in older children, through school-age. This training addresses this and also provides pictures of how it may appear on an older child.

922 KAR 2:100 Certification of family child care homes Section 2 Certification Process Subsection 9(b)

This subsection outlines the requirements for providers to obtain PAHT with three months of submitting their application, and then creating a plan to obtain additional training each year, including PAHT every 5 years.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt centers.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Legislation mandates education on the identification and prevention of Pediatric Abusive Head Trauma for various groups in the state who work with or care for young children. This training will help caregivers recognize the signs of maltreatment, which can prevent escalations to Pediatric Abusive Head Trauma. Caregivers will learn effective strategies for dealing with a crying infant, which is the most common trigger for Pediatric Abusive Head Trauma. All employees and owners of a licensed, certified and registered child-care programs are required to take a minimum of 1.5 hours of training on PAHT once every five years as part of their continuing education requirements and counts towards the required annual

training total.

The Division of Child Care partners with Prevent Child Abuse Kentucky and Dr. Melissa Currie for the PAHT curriculum development. A recent update to the PAHT curriculum was completed in November 2023. While abusive head trauma is most common in infants, it can also happen in older children, through school-age. This training addresses this and also provides pictures of how it may appear on an older child.

922 KAR 2:180 Requirements for registered relative child care providers in the Child

Care Assistance Program Section 2 Application Rights and Requirements for Relative Child Care Provider

Registration

Subsection 2(b)

Within 90 calendar days of submitting an application, the potential provider must provide verification that they have completed the PAHT training.

Section 7 Renewal of Registration Subsection 2(b)

Providers must complete and provide verification of completion of the PAHT training in order to renew their registered status.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Legislation mandates education on the identification and prevention of Pediatric Abusive Head Trauma for various groups in the state who work with or care for young children. This training will help caregivers recognize the signs of maltreatment, which can prevent escalations to Pediatric Abusive Head Trauma. Caregivers will learn effective strategies for dealing with a crying infant, which is the most common trigger for Pediatric Abusive Head Trauma. All employees and owners of a licensed, certified and registered child-care programs are required to take a minimum of 1.5 hours of training on PAHT once every five years as part of their continuing education requirements and counts towards the required annual training total.**

The Division of Child Care partners with Prevent Child Abuse Kentucky and Dr. Melissa Currie for the PAHT curriculum development. A recent update to the PAHT curriculum was completed in November 2023. While abusive head trauma is most common in infants, it can also happen in older children, through school-age. This training addresses this and also provides pictures of how it may appear on an older child.

922 KAR 2:180 Requirements for registered relative child care providers in the Child

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Within 90 calendar days of submitting an application, the potential provider must provide verification that they have completed the PAHT training.

Section 7 Renewal of Registration Subsection 2(b)

Providers must complete and provide verification of completion of the PAHT training in order to renew their registered status.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Legislation mandates education on the identification and prevention of Pediatric Abusive Head Trauma for various groups in the state who work with or care for young children. This training will help caregivers recognize the signs of maltreatment, which can prevent escalations to Pediatric Abusive Head Trauma. Caregivers will learn effective strategies for dealing with a crying infant, which is the most common trigger for Pediatric Abusive Head Trauma. All employees and owners of a licensed, certified and registered child-care programs are required to take a minimum of 1.5 hours of training on PAHT once every five years as part of their continuing education requirements and counts towards the required annual training total.**

The Division of Child Care partners with Prevent Child Abuse Kentucky and Dr. Melissa Currie for the PAHT curriculum development. A recent update to the PAHT curriculum was completed in November 2023. While abusive head trauma is most common in infants, it can also happen in older children, through school-age. This training addresses this and also provides pictures of how it may appear on an older child.

922 KAR 2:090 Child Care Licensure Section 11 Staff Requirements Subsection 16 (c)

This subsection describes the requirement for all staff with supervisory authority to complete 1.5 hours of PAHT within their first year of employment, and again every 5 years.

- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **Per KY Statute: <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=53977>, child care providers are mandated reporters.**

In addition to the requirement for providers to complete PAHT (above), the pre-service Orientation also discusses child maltreatment and reporting requirements for providers.

922 KAR 2:120 Section 2 Child Care Services Subsection 3(b)

This subsection details the requirements for centers to ensure compliance with and inform staff of the laws of the Commonwealth pertaining to child abuse or neglect set forth in KRS 620.030 and that the procedures were taught in Orientation training to be implemented by staff.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Per KY Statute: <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=53977>, child care providers are mandated reporters.**

In addition to the requirement for providers to complete PAHT (above), the pre-service Orientation also discusses child maltreatment and reporting requirements for providers.

922 KAR 2:100 Certification of family child-care homes

Section 2 Certification Process Subsection 9 (a)

This subsection details the covered topics in Orientation, including recognizing and reporting child abuse

Section 16 Medication and First Aid Subsection 8 (c)

This subsection details the requirements for providers and assistants to maintain a program that assures affirmative steps are taken to protect children from abuse or neglect.

Section 19 Records Subsection 4

Providers must report an incident of suspected child abuse or neglect pursuant to KRS 620.030 and provide the cabinet access and information in the completion of the investigation pursuant to KRS 620.030.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
☒ Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt centers.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard:
Legislation mandates education on the identification and prevention of Pediatric Abusive Head Trauma for various groups in the state who work with or care for young children. This training will help caregivers recognize the signs of maltreatment, which can prevent escalations to Pediatric Abusive Head Trauma. Caregivers will learn effective strategies for dealing with a crying infant, which is the most common trigger for Pediatric Abusive Head Trauma. All employees and owners of a licensed, certified or registered child-care programs are required to take a minimum of 1.5 hours of training on PAHT once every five years as part of their continuing education requirements and counts towards the required annual training total.

The Division of Child Care partners with Prevent Child Abuse Kentucky and Dr. Melissa Currie for the PAHT curriculum development. A recent update to the PAHT curriculum was completed in November 2023. While abusive head trauma is most common in infants, it can also happen in older children, through school-age. This training addresses this and also provides pictures of how it may appear on an older child.

922 KAR 2:180 Requirements for registered relative child care providers in the Child

Care Assistance Program Section 2 Application Rights and Requirements for
Relative Child Care Provider

Registration

Subsection 2(b)

Within 90 calendar days of submitting an application, the potential provider must provide verification that they have completed the PAHT training.

Section 7 Renewal of Registration Subsection 2(b)

Providers must complete and provide verification of completion of the PAHT training in order to renew their registered status.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Legislation mandates education on the identification and prevention of Pediatric Abusive Head Trauma for various groups in the state who work with or care for young children. This training will help caregivers recognize the signs of maltreatment, which can prevent escalations to Pediatric Abusive Head Trauma. Caregivers will learn effective strategies for dealing with a crying infant, which is the most common trigger for Pediatric Abusive Head Trauma. All employees and owners of a licensed, certified or registered child-care programs are required to take a minimum of 1.5 hours of training on PAHT once every five years as part of their continuing education requirements and counts towards the required annual training total.**

The Division of Child Care partners with Prevent Child Abuse Kentucky and Dr. Melissa Currie for the PAHT curriculum development. A recent update to the PAHT curriculum was completed in November 2023. While abusive head trauma is most common in infants, it can also happen in older children, through school-age. This training addresses this and also provides pictures of how it may appear on an older child.

922 KAR 2:180 Requirements for registered relative child care providers in the
Child

Care Assistance Program Section 2 Application Rights and Requirements for
Relative Child Care Provider

Registration

Subsection 2(b)

Within 90 calendar days of submitting an application, the potential provider must provide verification that they have completed the PAHT training.

Section 7 Renewal of Registration Subsection 2(b)

Providers must complete and provide verification of completion of the PAHT training in order to renew their registered status.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Per KY Statute: <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=53977>, child care providers are mandated reporters.**

In addition to the requirement for providers to complete PAHT (above), the pre-service Orientation also discusses child maltreatment and reporting requirements for providers.

922 KAR 2:120 Section 2 Child Care Services Subsection 3(b)

This subsection details the requirements for centers to ensure compliance with and inform staff of the laws of the Commonwealth pertaining to child abuse or neglect set forth in KRS 620.030 and that the procedures were taught in Orientation training to be implemented by staff.

5.3.7 Emergency preparedness and response planning standard

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

- i. ☒ Evacuation
- ii. ☐ Relocation
- iii. ☒ Shelter-in-place
- iv. ☒ Lock down
- v. Staff emergency preparedness
 - ☒ Training
 - ☒ Practice drills
- vi. Volunteer emergency preparedness
 - ☐ Training
 - ☐ Practice drills
- vii. ☒ Communication with families
- viii. ☐ Reunification with families
- ix. ☐ Continuity of operations
- x. Accommodation of
 - ☒ Infants
 - ☒ Toddlers
 - ☐ Children with disabilities
 - ☐ Children with chronic medical conditions

xi. If any of the above are not checked, describe: **In the State Plan 2022-2024, the Emergency Preparedness section required additional information, specifically in the areas of relocation, volunteer training and practice, reunification, continuity of operations, and accommodations for children with disabilities and chronic medical conditions. The Division of Child Care is actively working with partners such as our Child Care Resource and Referral Network, the KY Emergency Management System, Child Care Health Consultants, the Division of Regulated Child Care, and our Family Child Care Network to compile a more comprehensive and up to date training and procedural guide for directors and staff to address these areas.**

The anticipated completion date for this update is Fall 2024.

Current Emergency Preparedness and Disaster Plan information can be found here:
<https://www.childcareawareky.org/wp-content/uploads/2023/03/Emergency-Disaster-Plan-Form-rev-03-23.pdf>

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **922 KAR 2:120 Section 3 Subsections 7-10**
These subsections discuss requirements and list items that should be inaccessible to children in care including: toxic cleaning supplies, matches/flammable liquids, personal belongings and staff medications, knives and sharp objects, litter/rubbish, soap, plastic bags, firearms and ammunition, and restrictions on smoking and vaping.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Section 13 Care Requirements for a Provider Subsection 18**
This section discusses that waste and biological contaminants, such as bodily fluids, blood, or excretions, shall be disposed of in a manner that prevents exposure to children, inaccessible to children, and in a covered plastic-lined receptacle with a close-fitting lid.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt centers.**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Registered relative child care providers do not have specific regulations that address the handling and storage of hazardous materials.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Registered relative child care providers do not have specific regulations that address the handling and storage of hazardous materials.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **922 KAR 2:120 Section 3 Subsections 7-10**
These subsections discuss requirements and list items that should be inaccessible to children in care, including toxic cleaning supplies, matches/flammable liquids, personal belongings and staff medications, knives and sharp objects, litter/rubbish, soap, plastic bags, firearms and ammunition, and restrictions on smoking and vaping.
- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **922 KAR 2:120**

Section 4 Premises Requirements Subsections 12-14

This section discusses sewage requirements, plumbing and solid waste disposal.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Section 13 Care Requirements for a Provider Subsection 18**
This section discusses that waste and biological contaminants, such as bodily fluids, blood, or excretions, shall be disposed of in a manner that prevents exposure to children, inaccessible to children, and in a covered plastic-lined receptacle with a close-fitting lid.
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt centers.**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Registered relative child care providers do not have specific regulations that address the disposal of bio contaminants.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Registered relative child care providers do not have specific regulations that address the disposal of bio contaminants.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **922 KAR 2:120 Section 4 Premises Requirements Subsections 12-14**
This section discusses sewage requirements, plumbing and solid waste disposal.

5.3.9 Precautions in transporting children health and safety standard

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

- i. All CCDF-eligible licensed center care. Provide the standard: **922 KAR 2:120 Section 14 Transportation**
This section details the requirements for providing and arranging transportation services, notifying the cabinet of transportation services, safety standards for vehicles, car seat and seat belt requirements, daily inspection expectations, refueling requirements, and reporting and recording requirements.
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Section 18 Transportation**
This section details requirements for permission, seat belts, safety restraints/car seats, emergency identification of children being transported, leaving children unattended, vehicle state law requirements, restrictions on transport of children with firearms, hazardous materials and alcohol, and driver's license restrictions.
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt centers.**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Registered relative child care providers do not have regulations that address precautions in transporting children.**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Registered relative child care providers do not have regulations that address precautions in transporting children.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **922 KAR 2:120 Section 14 Transportation**
This section details the requirements for providing and arranging transportation services, notifying the cabinet of transportation services, safety standards for vehicles, car seat and seat belt requirements, daily inspection expectations, refueling requirements, and reporting and recording requirements.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **922 KAR 2:090 Child Care Licensure Section 11 Staff Requirements Subsection 3-5**
These subsections detail the requirements for centers to have at least one person on-site that is certified in CPR/First Aid based on age group (Infant and child; adult). CPR and First Aid training is not included in ongoing professional development training hours.

922 KAR 2:120 Section 7 Subsection 8

Each center shall ensure that every staff member has received training on first aid and cardiopulmonary resuscitation (CPR).

The Division of Child Care offers several ways this requirement can be met. It is included in pre-service Orientation, so that new employees meet this requirement. If a child care staff has ever been certified in CPR and First Aid (even if it is now expired), this can count for the training requirement. The Division of Child Care also created a standalone, on-demand training that is hosted free of charge on ECE-TRIS that meets this training requirement.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Section 2 Certification Process Subsection 4**
Applicants for a licensed family child care homes are required to be certified by an approved agency in infant, child and adult CPR and First Aid.

Section 10 Standards for the Providers Subsection 6

Assistants in a family child care home must be certified by an approved agency in infant, child and adult CPR and First Aid.

Section 3 Renewal of Certification Subsection 2(d)

In order to renew their certification, providers must maintain their certification in an approved agency in infant, child and adult CPR and First Aid.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

[x] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt centers.**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **922 KAR 2:180 Section 2 Application Rights and Requirements for Relative Child Care Provider**
Registration Subsection 2 (b)(2)
Within 90 days of submitting and application, a potential provider must obtain age-appropriate cardiopulmonary resuscitation (CPR) and first aid certified by a training agency that has been approved by the cabinet.

Section 7 Renewal of Registration Subsection 2(c)
In order to renew, providers must obtain certification in cabinet-approved age-appropriate cardiopulmonary resuscitation (CPR) and first aid.
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **922 KAR 2:180 Section 2 Application Rights and Requirements for Relative Child Care Provider**
Registration Subsection 2 (b)(2)
Within 90 days of submitting and application, a potential provider must obtain age-appropriate cardiopulmonary resuscitation (CPR) and first aid certified by a training agency that has been approved by the cabinet.

Section 7 Renewal of Registration Subsection 2(c)
In order to renew, providers must obtain certification in cabinet-approved age-appropriate cardiopulmonary resuscitation (CPR) and first aid.
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **922 KAR 2:090 Child Care Licensure Section 11 Staff Requirements Subsection 3-5**
These subsections detail the requirements for centers to have at least one person on-site that is certified in CPR/First Aid based on age group (Infant and child; adult). CPR and First Aid training is not included in ongoing professional development training hours.

922 KAR 2:120 Section 7 Subsection 8
Each center shall ensure that every staff member has received training on first aid and cardiopulmonary resuscitation (CPR).
The Division of Child Care offers several ways this requirement can be met. It is included in pre-service Orientation, so that new employees meet this requirement. If a child care staff has ever been certified in CPR and First Aid (even if it is now expired), this can count for the training requirement. The Division of Child Care also created a standalone, on-demand training that is hosted free of charge on ECE-TRIS that meets this training requirement.
- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **922 KAR 2:090 Child Care Licensure Section 11 Staff Requirements Subsection 3-5**
These subsections detail the requirements for centers to have at least one person on-site that is certified in CPR/First Aid based on age group (Infant and child; adult). CPR and First Aid training is not included in ongoing professional development training hours.

922 KAR 2:120 Section 7 Subsection 8

Each center shall ensure that every staff member has received training on first aid and cardiopulmonary resuscitation (CPR).

The Division of Child Care offers several ways this requirement can be met. It is included in pre-service Orientation, so that new employees meet this requirement. If a child care staff has ever been certified in CPR and First Aid (even if it is now expired), this can count for the training requirement. The Division of Child Care also created a standalone, on-demand training that is hosted free of charge on ECE-TRIS that meets this training requirement.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Section 2 Certification Process Subsection 4**
Applicants for a licensed family child care homes are required to be certified by an approved agency in infant, child and adult CPR and First Aid.

Section 10 Standards for the Providers Subsection 6

Assistants in a family child care home must be certified by an approved agency in infant, child and adult CPR and First Aid.

Section 3 Renewal of Certification Subsection 2(d)

In order to renew their certification, providers must maintain their certification in an approved agency in infant, child and adult CPR and First Aid.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt centers.**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **922 KAR 2:180 Section 2 Application Rights and Requirements for Relative Child Care Provider**

Registration Subsection 2 (b)(2)

Within 90 days of submitting an application, a potential provider must obtain age-appropriate cardiopulmonary resuscitation (CPR) and first aid certified by a training agency that has been approved by the cabinet.

Section 7 Renewal of Registration Subsection 2(c)

In order to renew, providers must obtain certification in cabinet-approved age-appropriate cardiopulmonary resuscitation (CPR) and first aid.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **922 KAR**

2:180 Section 2 Application Rights and Requirements for Relative Child Care Provider

Registration Subsection 2 (b)(2)

Within 90 days of submitting an application, a potential provider must obtain age-appropriate cardiopulmonary resuscitation (CPR) and first aid certified by a training agency that has been approved by the cabinet.

Section 7 Renewal of Registration Subsection 2(c)

In order to renew, providers must obtain certification in cabinet-approved age-appropriate cardiopulmonary resuscitation (CPR) and first aid.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **922 KAR 2:090 Child Care Licensure Section 11 Staff Requirements Subsection 3-5**
These subsections detail the requirements for centers to have at least one person on-site that is certified in CPR/First Aid based on age group (Infant and child; adult). CPR and First Aid training is not included in ongoing professional development training hours.

922 KAR 2:120 Section 7 Subsection 8

Each center shall ensure that every staff member has received training on first aid and cardiopulmonary resuscitation (CPR).

The Division of Child Care offers several ways this requirement can be met. It is included in pre-service Orientation, so that new employees meet this requirement. If a child care staff has ever been certified in CPR and First Aid (even if it is now expired), this can count for the training requirement. The Division of Child Care also created a standalone, on-demand training that is hosted free of charge on ECE-TRIS that meets this training requirement.

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Per KY Statute: <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=53977>, child care providers are mandated reporters.**

In addition to the requirement for providers to complete Pediatric Abusive Head Trauma, which includes identification of child abuse and neglect like bruising, the pre-service Orientation also discusses child maltreatment and reporting requirements for providers.

922 KAR 2:120 Section 2 Child Care Services Subsection 3(b)

This subsection details the requirements for centers to ensure compliance with and inform staff of the laws of the Commonwealth pertaining to child abuse or neglect set forth in KRS 620.030 and that the procedures were taught in

Orientation training to be implemented by staff.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Per KY Statute: <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=53977>, child care providers are mandated reporters.**

In addition to the requirement for providers to complete Pediatric Abusive Head Trauma, which includes identification of child abuse and neglect like bruising, the pre-service Orientation also discusses child maltreatment and reporting requirements for providers.

**922 KAR 2:100 Certification of family child-care homes
Section 2 Certification Process Subsection 9 (a)**

This subsection details the covered topics in Orientation, including recognizing and reporting child abuse.

Section 16 Medication and First Aid Subsection 8 (c)

This subsection details the requirements for providers and assistants to maintain a program that assures affirmative steps are taken to protect children from abuse or neglect.

Section 19 Records Subsection 4

Providers must report an incident of suspected child abuse or neglect pursuant to KRS 620.030 and provide the cabinet access and information in the completion of the investigation pursuant to KRS 620.030.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt centers.**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Legislation mandates education on the identification and prevention of Pediatric Abusive Head Trauma for various groups in the state who work with or care for young children. This training will help caregivers recognize the signs of maltreatment, which can prevent escalations to Pediatric Abusive Head Trauma. All employees and owners of a licensed, certified and registered child-care program are required to take a minimum of 1.5 hours of training on PAHT once every five years as part of their continuing education requirements and counts towards the required annual training total.**

The Division of Child Care partners with Prevent Child Abuse Kentucky and Dr. Melissa Currie for the PAHT curriculum development. A recent update to the PAHT curriculum was completed in November 2023. This training addresses bruising, as well as other identification and reporting factors.

922 KAR 2:180 Requirements for registered relative child care providers in the Child

Care Assistance Program Section 2 Application Rights and Requirements for Relative Child Care Provider

Registration

Subsection 2(b)

Within 90 calendar days of submitting an application, the potential provider must provide verification that they have completed the 1.5 hour PAHT training.

Section 7 Renewal of Registration Subsection 2(b)

Providers must complete and provide verification of completion of the 1.5 hour PAHT training in order to renew their registered status.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Legislation mandates education on the identification and prevention of Pediatric Abusive Head Trauma for various groups in the state who work with or care for young children. This training will help caregivers recognize the signs of maltreatment, which can prevent escalations to Pediatric Abusive Head Trauma. All employees and owners of a licensed, certified and registered child-care program are required to take a minimum of 1.5 hours of training on PAHT once every five years as part of their continuing education requirements and counts towards the required annual training total.**

The Division of Child Care partners with Prevent Child Abuse Kentucky and Dr. Melissa Currie for the PAHT curriculum development. A recent update to the PAHT curriculum was completed in November 2023. This training addresses bruising, as well as other identification and reporting factors.

922 KAR 2:180 Requirements for registered relative child care providers in the Child

Care Assistance Program Section 2 Application Rights and Requirements for Relative Child Care Provider

Registration

Subsection 2(b)

Within 90 calendar days of submitting an application, the potential provider must provide verification that they have completed the 1.5 hour PAHT training.

Section 7 Renewal of Registration Subsection 2(b)

Providers must complete and provide verification of completion of the 1.5 hour PAHT training in order to renew their registered status.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Per KY Statute: <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=53977>, child care providers are mandated reporters.**

In addition to the requirement for providers to complete Pediatric Abusive Head Trauma, which includes identification of child abuse and neglect like bruising, the pre-service Orientation also discusses child maltreatment and reporting

requirements for providers.

922 KAR 2:120 Section 2 Child Care Services Subsection 3(b)

This subsection details the requirements for centers to ensure compliance with and inform staff of the laws of the Commonwealth pertaining to child abuse or neglect set forth in KRS 620.030 and that the procedures were taught in Orientation training to be implemented by staff.

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

- i. All CCDF-eligible licensed center care. Provide the standard: **Per KY Statute:** <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=53977>, child care providers are mandated reporters.

In addition to the requirement for providers to complete Pediatric Abusive Head Trauma, which includes identification of child abuse and neglect like bruising, the pre-service Orientation also discusses child maltreatment and reporting requirements for providers.

922 KAR 2:120 Section 2 Child Care Services Subsection 3(b)

This subsection details the requirements for centers to ensure compliance with and inform staff of the laws of the Commonwealth pertaining to child abuse or neglect set forth in KRS 620.030 and that the procedures were taught in Orientation training to be implemented by staff.

All staff must report suspected abuse or neglect. Reports of suspected abuse or neglect can be made to the Department of Community Based Services (DCBS) at 1 (877) 597- 2331. In case of an emergency or if a child is in immediate danger, dial 911 first. Child care staff may prefer to report suspected abuse or neglect of a child to the to a local law enforcement agency or the Department of Kentucky State Police; the Commonwealth's attorney or the county attorney. Non-emergency reports may be made online at:

<https://prd.webapps.chfs.ky.gov/reportabuse/home.aspx> If a child care center staff makes notification to DCBS about a suspicion of abuse or neglect, this person must also notify their local Division of Regulated Child Care (DRCC) office to report the incident of abuse or neglect. Notification to DRCC can be made by phone, fax, email, or by a hand-delivered written statement.

(<https://www.childcareawareky.org/wp-content/uploads/2022/10/Child-Abuse-and-Neglect-example-policy-10.2022.pdf>)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Section 19 Records Subsection 4**
Providers must report an incident of suspected child abuse or neglect pursuant to KRS 620.030
and provide the cabinet access and information in the completion of the investigation pursuant to KRS 620.030.

All providers must report suspected abuse or neglect. Reports of suspected abuse

or neglect can be made to the Department of Community Based Services (DCBS) at 1 (877) 597- 2331. In case of an emergency or if a child is in immediate danger, dial 911 first. Child care staff may prefer to report suspected abuse or neglect of a child to the to a local law enforcement agency or the Department of Kentucky State Police; the Commonwealth's attorney or the county attorney. Non-emergency reports may be made online at:

<https://prd.webapps.chfs.ky.gov/reportabuse/home.aspx> If a child care center staff makes notification to DCBS about a suspicion of abuse or neglect, this person must also notify their local Division of Regulated Child Care (DRCC) office to report the incident of abuse or neglect. Notification to DRCC can be made by phone, fax, email, or by a hand-delivered written statement.

(<https://www.childcareawareky.org/wp-content/uploads/2022/10/Child-Abuse-and-Neglect-example-policy-10.2022.pdf>)

- iii. All CCDF-eligible licensed in-home care. Provide the standard:

☒ Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **N/A - There are no CCDF-eligible license-exempt centers.**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Legislation mandates education on the identification and prevention of Pediatric Abusive Head Trauma for various groups in the state who work with or care for young children. This training will help caregivers recognize the signs of maltreatment, which can prevent escalations to Pediatric Abusive Head Trauma. All employees and owners of a licensed, certified and registered child-care programs are required to take a minimum of 1.5 hours of training on PAHT once every five years as part of their continuing education requirements and counts towards the required annual training total.**

The Division of Child Care partners with Prevent Child Abuse Kentucky and Dr. Melissa Currie for the PAHT curriculum development. A recent update to the PAHT curriculum was completed in November 2023. This training addresses bruising, as well as other identification factors and reporting requirements.

922 KAR 2:180 Requirements for registered relative child care providers in the Child

Care Assistance Program Section 2 Application Rights and Requirements for Relative Child Care Provider

Registration

Subsection 2(b)

Within 90 calendar days of submitting an application, the potential provider must provide verification that they have completed the 1.5 hour PAHT training.

Section 7 Renewal of Registration Subsection 2(b)

Providers must complete and provide verification of completion of the 1.5 hour PAHT training in order to renew their registered status.

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Legislation mandates education on the identification and prevention of Pediatric Abusive**

Head Trauma for various groups in the state who work with or care for young children. This training will help caregivers recognize the signs of maltreatment, which can prevent escalations to Pediatric Abusive Head Trauma. All employees and owners of a licensed, certified and registered child-care programs are required to take a minimum of 1.5 hours of training on PAHT once every five years as part of their continuing education requirements and counts towards the required annual training total.

The Division of Child Care partners with Prevent Child Abuse Kentucky and Dr. Melissa Currie for the PAHT curriculum development. A recent update to the PAHT curriculum was completed in November 2023. This training addresses bruising, as well as other identification factors and reporting requirements.

922 KAR 2:180 Requirements for registered relative child care providers in the Child

Care Assistance Program Section 2 Application Rights and Requirements for Relative Child Care Provider

Registration

Subsection 2(b)

Within 90 calendar days of submitting an application, the potential provider must provide verification that they have completed the 1.5 hour PAHT training.

Section 7 Renewal of Registration Subsection 2(b)

Providers must complete and provide verification of completion of the 1.5 hour PAHT training in order to renew their registered status.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: Per KY Statute: <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=53977>, child care providers are mandated reporters.

In addition to the requirement for providers to complete Pediatric Abusive Head Trauma, which includes identification of child abuse and neglect like bruising, the pre-service Orientation also discusses child maltreatment and reporting requirements for providers.

922 KAR 2:120 Section 2 Child Care Services Subsection 3(b)

This subsection details the requirements for centers to ensure compliance with and inform staff of the laws of the Commonwealth pertaining to child abuse or neglect set forth in KRS 620.030 and that the procedures were taught in Orientation training to be implemented by staff.

All staff must report suspected abuse or neglect. Reports of suspected abuse or neglect can be made to the Department of Community Based Services (DCBS) at 1 (877) 597- 2331. In case of an emergency or if a child is in immediate danger, dial 911 first. Child care staff may prefer to report suspected abuse or neglect of a child to the to a local law enforcement agency or the Department of Kentucky State Police; the Commonwealth's attorney or the county attorney. Non-emergency reports may be made online at:

<https://prd.webapps.chfs.ky.gov/reportabuse/home.aspx> If a child care center staff makes notification to DCBS about a suspicion of abuse or neglect, this person must also notify their local Division of Regulated Child Care (DRCC) office to report the incident of abuse or neglect. Notification to DRCC can be made by phone, fax, email, or by a hand-delivered written statement.
(<https://www.childcareawareky.org/wp-content/uploads/2022/10/Child-Abuse-and-Neglect-example-policy-10.2022.pdf>)

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

☒ Yes, confirmed.

☐ No. If no, describe:

5.3.12 Additional optional standards

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

☒ Yes.

☐ No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe: **922 KAR 2:120 Section 9 Food and Drink Requirements for All Child Care Centers**

This section details food requirements, serving requirements, and specifics related to food groups mirrored from CACFP guidelines.

922 KAR 2:120 Section 10 Meal Planning Requirements for a Center that Provides Meals

This section describes the different meal components served by a program, again based off of CACFP guidelines

922 KAR 2:120 Section 11 Meal Planning Requirements for a Center that Does Not Provide Meals

This section similarly describes requirements for a center serving meals that requires parents to bring food in.

922 KAR 2:100 Section 15 Food Requirements

This section details food requirements, serving requirements, and specifics related to food groups mirrored from CACFP guidelines.

- ii. Access to physical activity. Describe: **922 KAR 2:120 Section 4 Premises Requirements Subsection 22(a)**

This subsection requires children to have opportunities for moderate to vigorous activity each day while attending the program. This includes outdoor play and shall occur for a minimum of 30 minutes for a half day program or 60 minutes for a full day program.

922 KAR 2:100 Section 13 Care Requirements for a Provider Subsection 13 (d)

There must be a planned daily program that offers indoor or outdoor play which makes use of both small and large muscles.

- iii. Caring for children with special needs. Describe: **922 KAR 2:120 Section 2 Subsection 13(a)(b)**

Care for a child with a special need shall be consistent with the nature of the need as documented by the child's health professional and may include a person 18 years of age if the person has a special need for which child care is required.

922 KAR 2:100 Section 13 Subsection 2 (a-b)

Care for a child with a special need shall be consistent with the nature of the need as documented by the child's health professional and may include a person 18 years of age if the person has a special need for which child care is required.

- iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **922 KAR 2:120 Section 13 Toys and Furnishings**

This section establishes minimum regulatory requirements for the upkeep and expectations of developmentally appropriate and safe toys for children in a center. It also describes the sanitizing requirements for toys.

922 KAR 2:120 Section 15 Animals

This section describes restrictions and requirements for animals in or around child care centers.

922 KAR 2:100 Section 17 Animals

This section describes restrictions and requirements for animals in or around child care family homes.

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

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

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

5.4.1 Health and safety pre-service/orientation training requirements

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

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

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

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **The pre-service Orientation discusses vehicle-related injuries (in recognizing and removing/limiting potential safety hazards) but does not discuss precautions in transporting children.**

n. Are there any provider categories to whom the above pre-service or orientation training

requirements do not apply?

☐ No

☒ Yes. If yes, describe: **Registered relative child care providers are not required to obtain pre-service Orientation, however they are able to receive CCAP (CCDF-eligible funds).**

Any license-exempt providers are not required to obtain pre-service Orientation.

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

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

a. Licensed CCDF center-based providers

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

☒ Yes.

☐ No. If no, describe:

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

☒ Annually.

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

☐ Other. If other, describe:

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

☒ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **The following inspections require Division of Regulated Child Care (DRCC) regional staff to assure compliance with all health, safety, and fire standards: pre-licensure, post-preliminary, and annual renewal. DRCC regional staff conduct a post-preliminary inspection within the first six (6) months of initial licensure as a child care center. When a licensed or certified CCDF child care provider has been issued a directed plan of correction (DPOC) by DRCC following any inspection, regional DRCC staff will conduct additional monitoring inspections of the child care center to assure compliance with the terms of the DPOC. DRCC regional staff investigate all allegations of regulatory non-compliance. The investigative findings are recorded in narrative form and an inspection report is generated via KICCS. Follow-up inspections may be required to assure compliance or implementation of a plan of correction for any inspection.**

- ☐ No. If no, describe:
- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **The Office of Inspector General (OIG), Division of Regulated Child Care (DRCC)**
- b. Licensed CCDF family child care providers
- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?
- ☒ Yes.
- ☐ No. If no, describe:
- ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:
- ☒ Annually.
- ☐ More than once a year. If more than once a year, describe:
- ☐ Other. If other, describe:
- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?
- ☒ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **The following inspections require Division of Regulated Child Care (DRCC) regional staff to assure compliance with all health, safety, and fire standards: pre-licensure, post-preliminary, and annual renewal. DRCC regional staff conduct a post-preliminary inspection within the first six (6) months of initial licensure as a child care center. When a licensed or certified CCDF child care provider has been issued a directed plan of correction (DPOC) by DRCC following any inspection, regional DRCC staff will conduct additional monitoring inspections of the child care center to assure compliance with the terms of the DPOC. DRCC regional staff investigate all allegations of regulatory non-compliance. The investigative findings are recorded in narrative form and an inspection report is generated via KICCS. Follow-up inspections may be required to assure compliance or implementation of a plan of correction for any inspection.**
- ☐ No. If no, describe:
- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **The Office of Inspector General (OIG), Division of Regulated Child Care (DRCC)**
- c. Licensed in-home CCDF child care providers
- i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?
- ☒ No.
- ☐ Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

☐ Yes.

☐ No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

☐ Annually.

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

☒ Other. If other, describe: **Registered relative child care providers providing care in the child's home are not subject to inspection.**

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

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No.

- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **Registered relative child care providers providing care in the child's home are not subject to inspection.**

5.5.2 Inspections for license-exempt providers

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

Describe the policies and practices for the annual monitoring of:

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

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

☐ Annually.

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

☒ Other. If other, describe: **N/A License-exempt CCDF center-based child care providers are not subject to inspection.**

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

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **N/A License-exempt providers are not inspected**

b. License-exempt CCDF family child care providers

- i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

☐ Annually.

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

☒ Other. If other, describe: **Registered relative child care providers are not inspected.**

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

☐ Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

☒ No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **Registered relative child care providers are not inspected.**

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

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

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **Registered relative child care providers are not inspected.**

- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **N/A**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

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

- a. Does the Lead Agency post:
- i. ☒ Pre-licensing inspection reports for licensed programs.
 - ii. ☒ Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
 - iii. ☐ Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:
 - iv. ☐ Other. Describe:
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
- i. ☒ Date of inspection.
 - ii. ☒ Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **KYNECT (https://kynect.ky.gov/benefits/s/child-care-provider?fromNavBar=true&language=en_US)**
Child care provider search function can be used to find a provider. All of the monitoring and inspection reports are then listed.
 - iii. ☒ Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **KYNECT (https://kynect.ky.gov/benefits/s/child-care-provider?fromNavBar=true&language=en_US)**
Child care provider search function can be used to find a provider. All of the monitoring and inspection reports are then listed; they are updated with provider responses and plans to correct.
 - iv. ☒ A minimum of 3 years of results, where available.
 - v. If any of the components above are not selected, please explain:
- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
- i. Provide the direct URL/website link to where the reports are posted: **KYNECT (https://kynect.ky.gov/benefits/s/child-care-provider?fromNavBar=true&language=en_US)**
Child care provider search function can be used to find a provider. All of the monitoring and inspection reports are then listed.
 - ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **If the inspection report included deficiencies, the statement of deficiencies and the accepted plan of correction (POC) will be posted as soon as the POC is received. If there were no violations during the inspection, the report will be available online once it has been reviewed and approved by a manager.**
These timeframes can vary because the provider can have up to 45 days to submit

an acceptable plan of correction.

- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

☒ Yes.

☐ No. If no, describe:

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

☒ Yes.

☐ No. If no, describe:

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

☒ Yes.

☐ No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **The licensing inspectors must meet an educational requirement to qualify to be employed, and where possible, have expertise or experience in child care or early childhood education. In addition, each licensing inspector must participate in training prior to inspecting child care facilities and providers. This training includes a power-point presentation as well as shadowing of other inspectors before the new licensing inspector conducts an inspection as the team lead. Management staff periodically shadow inspectors to assure that complete and thorough inspections are conducted, and consistency is maintained. Ongoing training for licensing surveyors is also conducted within DRCC, as well as within the Cabinet for Health and Family Services.**

Division of Regulated Child Care current and new licensing surveyors are required to complete the following online training modules per contract deliverable:

- 1) Introduction to Licensing and Regulation;
- 2) Orientation (Health & Safety, Recognizing & Reporting Child Abuse and Neglect and Developmentally appropriate child care practice);
- 3) Online Orientation through ECOOL for all DRCC Licensing Surveyors; and
- 4) Licensing and Certification Standards of Practice (SOP).

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct

effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **A targeted ratio of one (1) licensing inspector per fifty (50) child care providers allows for the provision of an expedient, constructive, and thorough licensing visit. Excerpt from contract with Office of Inspector General, Division of Regulated Child care requirements for Staffing and Professional Development:**

DRCC shall monitor monthly to assure its ratio of dedicated child-care licensing surveyor positions is one surveyor for each 50 child-care centers and family child-care homes, including two surveyors to conduct registered provider home visits to the extent that funding is available. DRCC shall ensure that all newly hired surveyors complete the Child Care Standards of Practice training within the first 90 days of employment and/or prior to surveying independently and completing surveys or making decisions on surveys.

DRCC shall monitor surveyor staff and provide ongoing training to assure consistency of regulation enforcement statewide.

DRCC shall ensure that all staff are meeting contractual time-frames as listed within each deliverable, including professional, clerical, and administrative duties necessary for the licensure, certification and registration.

KRS 199.8994 Uniform administration of child-care funds - Dedicated child-care licensing surveyors. (<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=7248>)

5.6 Ongoing Health and Safety Training

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

5.6.1 Required ongoing training of health and safety standards

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

- a. Licensed child care centers: **922 KAR 2:090 Child Care center licensure Section 11 Staff Requirements Subsection 16 (c)**
Fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.
- b. License-exempt child care centers: **N/A**
- c. Licensed family child care homes: **922 KAR 2:100 Section 2 Certification Process Subsection 9 (b)(2)**
Nine (9) hours of cabinet-approved training annually between July 1 and the following June 30 of each subsequent year of operation, including one and one-half (11/2) hours of

cabinet-approved pediatric abusive head trauma training completed once every five (5) years.

- d. License-exempt family child care homes: **N/A**
- e. Regulated or registered in-home child care: **Registered relative child care providers do not have ongoing training requirements.**
- f. Non-regulated or registered in-home child care: **Registered relative child care providers do not have ongoing training requirements.**

5.7 Comprehensive Background Checks

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

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

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

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

5.7.1 In-state criminal history check with fingerprints

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

☒ Yes.

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

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

☒ Yes.

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

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

☒ Yes.

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

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

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

☒ Yes.

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

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

☒ Yes.

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

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

☒ Yes.

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

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

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

☐ No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers

eligible for CCDF participation (i.e., license-exempt providers)?

☒ Yes.

☐ No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

☒ Yes.

☐ No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

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

☒ Yes.

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

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

☒ Yes.

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

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

☒ Yes.

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

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

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

☒ Yes.

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

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

☒ Yes.

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

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

☒ Yes.

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

5.7.6 Interstate criminal history check

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

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

☒ Yes.

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

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

☒ Yes.

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

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

☒ Yes.

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

5.7.7 Interstate Sex Offender Registry (SOR) check

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

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective

staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

☒ Yes.

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

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

☒ Yes.

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

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

☒ Yes.

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

5.7.8 Interstate child abuse and neglect (CAN) registry check

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

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

☒ Yes.

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

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

☒ Yes.

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

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

☒ Yes.

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

5.7.9 Disqualifications for child care employment

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

- Refused to consent to a background check.
 - Knowingly made materially false statements in connection with the background check.
 - Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
 - Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
 - Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
 - Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.
- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?
- ☒ Yes.
- ☐ No. If no, describe the disqualifying criteria:
- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?
- ☒ Yes.
- ☐ No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:
- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?
- ☐ Does not use them to disqualify employment.
- ☒ Uses them to disqualify employment. If checked, describe: **The Division of Child Care uses the central registry check to disqualify individuals who have a substantiated child abuse and neglect record within the past 7 years from the requested child abuse registry check. Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/001/470/>**
- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?
- ☐ Does not use them to disqualify employment.

☒ Uses them to disqualify employment. If checked, describe: **The Division of Child Care uses the central registry check to disqualify individuals who have a substantiated child abuse and neglect record based on the requested state's central registry determination:**
Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/280/>

5.7.10 Privacy

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

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

☒ Yes.

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

5.7.11 Appeals processes for background checks

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

Does the appeals process:

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

☒ Yes.

☐ No. Describe:

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

☒ Yes.

☐ No. Describe:

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

☒ Yes.

☐ No. Describe:

- iv. Get completed in a timely manner.

☒ Yes.

☐ No. Describe:

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

☒ Yes.

☐ No. Describe:

- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

☒ Yes.

☐ No. Describe:

5.7.12 Provisional hiring of prospective staff members

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

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

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

- a. FBI criminal background check.

☒ Yes.

☐ No. If no, describe:

- b. In-state criminal background check with fingerprints.

☒ Yes.

☐ No. If no, describe:

- c. In-state Sex Offender Registry.

☒ Yes.

☐ No. If no, describe:

- d. In-state child abuse and neglect registry.

☒ Yes.

☐ No. If no, describe:

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

☒ Yes.

- ☐ No. If no, describe:
- f. Interstate criminal background check, as applicable.
☒ Yes.
☐ No. If no, describe:
- g. Interstate Sex Offender Registry check, as applicable.
☒ Yes.
☐ No. If no, describe:
- h. Interstate child abuse and neglect registry check, as applicable.
☒ Yes.
☐ No. If no, describe:
- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?
☒ Yes.
☐ No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?
☒ Yes.
☐ No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.
- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?
☒ Yes.
☐ No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?
☒ Yes.
☐ No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **When another state requests a Child Abuse and Neglect Central Registry check (CAN) it is requested through the CAN Payment Verification System (CPV). When another state requests a criminal history check from Kentucky it is requested through the Kentucky State Police. The Kentucky State Police maintains the Sex Offender Registry and it can be accessed through the Public Website. All of these checks are performed separately with separate costs, except for the SOR check that is free.**

Citation:

DCC Website:

<https://www.chfs.ky.gov/agencies/dCBS/dcc/Pages/nationalbackgroundcheck.aspx>

CAN Check New Release:

<https://www.chfs.ky.gov/agencies/dCBS/dcc/Documents/canonlinesystem.pdf>

Kentucky State Police SOR: <https://www.kentuckystatepolice.ky.gov/sex-offender-registry>

Kentucky State Police Background Check:

<https://www.kentuckystatepolice.ky.gov/background-checks>

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?
- [] Yes. If yes, describe the current policy.
- [x] No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members:

<https://www.chfs.ky.gov/agencies/dCBS/dcc/Pages/nationalbackgroundcheck.aspx>

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:

- i. [x] Agency name
- ii. [x] Address
- iii. [x] Phone number
- iv. [x] Email
- v. [x] Website
- vi. [x] Instructions
- vii. [x] Forms

- viii. ☒ Fees
 - ix. ☐ Is the State a National Fingerprint File (NFF) State?
 - x. ☐ Is the State a National Crime Prevention and Privacy Compact State?
 - xi. If not all boxes above are checked, describe: **Kentucky is a participating state for National Fingerprint File (NFF) but we are not a NFF state. Citation: <https://www.fbi.gov/file-repository/iii-nff-map-103123.pdf/view> Kentucky is not a National Crime Prevention and Privacy Compact State.**
- c. Interstate sex offender registry (SOR) check:
- i. ☒ Agency name
 - ii. ☒ Address
 - iii. ☒ Phone number
 - iv. ☒ Email
 - v. ☒ Website
 - vi. ☒ Instructions
 - vii. ☒ Forms
 - viii. ☒ Fees
 - ix. If not all boxes above are checked, describe:
- d. Interstate child abuse and neglect (CAN) registry check:
- i. ☒ Agency name
 - ii. ☒ Is the CAN check conducted through a county administered registry or centralized registry?
 - iii. ☒ Address
 - iv. ☒ Phone number
 - v. ☒ Email
 - vi. ☒ Website
 - vii. ☒ Instructions
 - viii. ☒ Forms
 - ix. ☒ Fees
 - x. If not all boxes above are checked, describe:

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

☒ Yes.

☐ No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

☒ Yes.

☐ No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

☐ No.

☒ Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?

922 KAR 2:180 Requirements for registered relative child care providers in the Child Care Assistance Program Section 1 defines "related" as grandchild, great-grandchild, niece, nephew, or sibling.

These providers can provide care in their home, or the child's home; this is determined by the type of application they submit. They cannot care for more than six children receiving CCAP per day or a total of eight children inclusive of the provider's own children.

Registered relative providers are required to have background checks (for all residents age 18 or older if not in the child's home), be certified in age-appropriate CPR and First Aid, and are required to complete the pediatric abusive head trauma training which includes recognizing and reporting child abuse/maltreatment and neglect.

They are not required to complete pre-service Orientation and are not subject to inspections.

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor

benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
 - i. ☐ Providing program-level grants to support investments in staff compensation.
 - ii. ☐ Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
 - iii. ☐ Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. ☐ Subsidizing family child care provider and center-based child care staff retirement benefits.
 - v. ☐ Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
 - vi. ☐ Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
 - vii. ☒ Providing scholarships or tuition support for center-based child care staff and family child care providers.
 - viii. ☒ Other. Describe: **Effective October 2022, a verified employee in a licensed center or certified family child care home can have all income excluded from the eligibility determination for CCAP if they meet the employment and child age guidelines (922 KAR 2:160 Child Care Assistance Program <https://apps.legislature.ky.gov/law/kar/titles/922/002/160/>)**
- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **We are not aware of any direct plans to improve monetary**

compensation, however the ongoing CCAP benefit to child care professionals does improve a compensation package able to be offered for employees.

- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **N/A**
- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **Each year the Division of Child Care partner with Child Care Aware of Kentucky (CCR&R Network) to host a "Trainer's Institute", in which KY ECE Credentialed Trainers can attend and participate in a variety of sessions. The trainings focus on how to train adults. The content is not necessarily ECE-focused, but more so how to support our specific workforce in the training/professional development capacity. Last year in 2023, sessions that supported the mental health and well-being of the workforce included: "Feel Better, Lead Better" with Michell Clark and "Thriving Through Change" with Amy Posey. This year, in May 2024, included was the session: "Cultivating Opportunity: The Power of Courage and Connection" with Dr. Damien Sweeney. The support given to these credentialed trainers that deliver much of the professional development and ongoing training in the state assists providers and staff with their own mental health and self-care. In upcoming years, topics will continue to focus on supporting overall mental health and well-being, along with self-care, of the trainers and providers alike.**

The Division of Child Care and the Department for Public Health, Early Childhood Mental Health Specialists, are contracting with Conscious Discipline in 2024 to engage in trainings for ECE providers beginning in 2025. These trainings and ongoing coaching opportunities for providers will support not only the mental health and well-being of the children in the program, but the professionals who care for them as well.

- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **The KY Governor's Office of Early Childhood (GOEC) sponsors the Registered Apprenticeship program, which includes bonuses and incremental wage increases. The Division of Child Care collaborates and partners with GOEC in its recognition of how critical the program is to creating a nationally recognized pathway among our early childhood landscape in Kentucky.**

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **The Division of Child Care (DCC), through contractual services provided by the Child Care Resource and Referral Network of Services, provides regional coaching, technical assistance, and resources to support prospective and current child care providers. A DCC developed and approved training is delivered by coaches as a requirement of licensure. This training includes information pertinent to the successful operation of a child care program to deliver quality child care. Regional Child Care Administrators have established relationships with the network of Small Business Development Centers throughout KY and regularly refer programs to them for specific business management assistance to complement coaching efforts. The Family Child Care Network (FCCN) operates across the**

state specifically for business needs related to licensed/certified family child care homes.

The Kentucky Director's Credential is available to individuals who complete twelve college credit hours in the prescribed major areas of core knowledge and receive a recommendation from the institution where the coursework was completed. 922 KAR 2:230 Section 1 (1) (<https://apps.legislature.ky.gov/law/kar/titles/922/002/230/>) explains the requirements in greater detail.

- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:
- i. ☒ Fiscal management.
 - ii. ☒ Budgeting.
 - iii. ☒ Recordkeeping.
 - iv. ☒ Hiring, developing, and retaining qualified staff.
 - v. ☒ Risk management.
 - vi. ☒ Community relationships.
 - vii. ☒ Marketing and public relations.
 - viii. ☒ Parent-provider communications.
 - ix. ☒ Use of technology in business administration.
 - x. ☐ Compliance with employment and labor laws.
 - xi. ☒ Other. Describe any other efforts to strengthen providers' administrative business: **The Lead Agency has partnered with brightwheel, a platform for child care businesses, free of charge to providers. Existing and new brightwheel customers can use this platform for attendance, business needs, communication with families, etc. The brightwheel contract offers ongoing training and technical support to all enrolled providers. The platform is also in the beginning stages of being utilized for auditing of staff records, which assists the licensing agency in their inspections.**

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **The state provider registry ECE-TRIS includes providers' first languages. In order to assess the demand for supports to LEP providers, an inventory of providers who report a first language other than English could be taken from the state provider registry on an annual basis. The CHFS office of Human Resource Management Language Access Program provides accurate, quality interpretation services for providers predominantly in Spanish and other Indo-European languages identified through a statewide assessment. In addition, information is available to families through the Integrated Eligibility & Enrollment System**

(IEES) in the top eight most common languages spoken in Kentucky, other than English.

The Division of Child Care through contractual services provided by Child Care Resource and Referral Network, and in consultation with the Cabinet for Health & Family Services (CHFS) Office of Human Resource Management Language Access Program and the Human Development Institute, provide regional coaching, technical assistance, and resources to support providers with limited English proficiency. Additionally, Child Care Aware provides tips and tools forms translated in Spanish.

The "Getting Started" video explains the CCAP program to providers. Additionally when we encounter prospective providers with Limited English Proficiency we partner with the Language Access Section to help minimize language barriers. Via the Language Access Section we have access to Language Services Associates (InterpreTALK), the current CHFS telephonic interpretation vendor. This service provides interpretation services in more than 266 languages and is available to us 24 hours a day, seven days a week.

We have recently contracted to have our entire Orientation module, and affiliated activities, translated into Spanish so that providers can take this regulatory training in a language other than English. Additionally, we are working with Language Services to also have Pediatric Abusive Head Trauma translated into Spanish.

- b. Providers and staff who have disabilities: Each year the Division of Child Care partners with Child Care Aware of Kentucky (CCR&R Network) to host a "Trainer's Institute", in which KY ECE Credentialed Trainers can attend and participate in a variety of sessions. The trainings focus on how to train adults. The content is not necessarily ECE-focused, but more so how to support our specific workforce. Last year in 2023, sessions included: "(Re)Designing Equitable Online Assignments, from back to front" and "ABC, 123: Use Audio and Visuals for Memory". This year, in May 2024, sessions included: "Teaching Neurodiverse Learners", "A Journey Through Learning Experience Design", and several additional topics on diversifying training design and engagement. The support given to these credentialed trainers through the annual Trainer's Institute further supports the child care workforce, including staff with disabilities. In upcoming years, topics will continue to focus on supporting the specific needs of providers and staff with varying abilities.

The Division of Child Care through contractual services provided by Child Care Resource and Referral Network, and in consultation with the Cabinet for Health & Family Services (CHFS) Office of Human Resource Management Language Access Program and the Human Development Institute, provide regional coaching, technical assistance, and resources to support providers and staff with disabilities.

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

☐ Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted:

☒ No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

☒ Yes. If yes, identify the other key groups: **The Professional Development Framework was developed through the Kentucky Partnership for Early Childhood Services at the University of Kentucky in collaboration with the Division of Child Care, Department of Public Health, and Kentucky Department of Education, and the Kentucky Head Start Association. Some information included in the document was adapted from the Kentucky Early Childhood (EC) Professional Development (PD) Framework Plan (Townley & Newberry, 2002). Proposed revisions to the Kentucky EC PD Framework were submitted to and approved by the Early Childhood Development Authority in April 2008. Based on the approved recommendations, additional work was conducted by a statewide committee (July 2010 through February 2011) and revision based on the work group were added in May 2011.**

☐ No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

- i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **The Kentucky Early Childhood (EC) Core Content is defined as the specific knowledge competencies, and characteristics needed by early childhood practitioners to work effectively with young children and families. EC Core Content is the foundation for determining training content, college coursework content, and competency standards for professional performance. The EC Core Content includes seven essential competency subject areas of early childhood education that are organized into five levels of increasing mastery. Individuals planning early childhood education and training programs can use the EC Core content to correlate program content with the expected skill levels and desired competency**

outcomes of the participants. EC Core Content subject areas are captured within ECE-TRIS to reflect competencies and assist with professional development planning to increase mastery in each content by learner in each area and identify areas where training is needed.

Link to PD Framework: <https://kyecac.ky.gov/families/Documents/pd-framework-2011.pdf>

- ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The Kentucky Professional Development (PD) Framework includes a mechanism for linking various EC training and education programs, allows for multiple pathways for entering EC education, and promotes and supports continuous professional development. The EC core competencies are organized from basic to high-level skills across five levels that build on each other with increasing knowledge and skills attained at each level.**
- iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **The Governor's Office of Early Childhood Professional Development Sub-Committee is charged with formulating and submitting recommendations to the Early Childhood Advisory Council (ECAC) for professional development to support and promote quality standards, while responding to federal and state mandates and increasing capacity through workforce development. This Committee includes representation from the DCC, the state's professional ECE registry, the Child Care Resource and Referral Network, and other system-level partners that represent early childhood projects and initiatives.**
- iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **This PD Framework includes a process which blends the system for credentialing and training of early childhood professionals. It includes five levels of competency, each of which articulate into the next level. At lower levels of competency, the completion of a particular credential, program, or certificate can be transferred into college credit between secondary schools, community and technical colleges, training programs, and four-year institution Interdisciplinary Early Childhood Education programs of study.**
- v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **The Child Care Resource and Referral Network conducts a workforce study that collects and analyzes child care provider educational preparation, experience, professional development, wages, benefits, and retention efforts. Findings are used to inform policy and promote quality improvement.**

2020 Workforce Study: Published in 2021: <https://www.childcareawareky.org/wp-content/uploads/2021/06/Workforce-Report-2020-FINAL.pdf>

KY STATS: <https://kystats.ky.gov/Reports/Reports> (Click on Early Childhood)

- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **Based on annual availability of funds, early childhood development scholarships, incentives, and related expense reimbursement is available to support programs seeking accreditation (e.g., NAEYC, NAFCC, and COA) and individual providers pursuing credentials and degrees.**

b. Does the Lead Agency use additional elements?

☒ Yes.

If yes, describe the element(s). Check all that apply.

- i. ☒ Continuing education unit trainings and credit-bearing professional development. Describe: **Kentucky's ECE credentialed trainers design and deliver state-approved high quality professional development that results in the transfer of knowledge to promote quality and support better outcomes for children and families. Professional development activities delivered by non-credentialed trainers are submitted to DCC for review and approval. The Early Care and Education Training Records Information System (ECE-TRIS) provides a centralized database to track and store individual training records for early care and education professionals. ECE-TRIS is free to providers and supports DCC in meeting regulatory requirements and managing professional development data. ECETRIS training calendar provides users with a listing of available professional development opportunities with search capabilities to seek by topic or certain content area. (<https://tris.eku.edu/ece>)**
- ii. ☒ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **Higher education representatives participate in the Governor's Office of Early Childhood Professional Development Sub-Committee to formulate and submit recommendations to the Early Childhood Advisory Council (ECAC) for professional development. The Child Care Resource and Referral Network collaborates with higher education to support providers participating in early care and education programs of study.**

iii. ☐ Other. Describe:

☐ No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **The professional standards and competencies in the Professional Development Framework for ECE in Kentucky have not been updated since 2011. While**

the standards and competencies encompass many varying roles and child care settings, we have recognized that there are necessary updates to be made based on our ever-changing landscape and state's needs.

We are communicating with the KY Governor's Office of Early Childhood (who manages the Early Childhood Advisory Council) to update the PD Framework and KY ECE Career Lattice, which are "overseen" by that agency. Our goal is to layer the standards and competencies with best practice in the field and obtain up-to-date information pertaining to diversity in provider roles, child care settings and age of children served. We acknowledge this is a critical component of moving our field forward and supporting high-quality child care settings.

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **The Professional Development Framework does articulate career pathways from secondary education through advanced diplomas. The Division of Child Care and the Child Care Resource and Referral Network collaborate with the Kentucky Department of Education to coordinate and deliver the Secondary Education ECE Career and Technical Program which allows high school students to graduate career ready through the completion of a planned program of instruction. However, Kentucky has created more pathways, like the Registered Apprenticeship program and credentials specific to Infants and Toddlers and School Age Youth Development, that are not depicted in the PD Framework/Career Lattice from 2011.**

Kentucky does not have a specific wage ladder, but the QRIS system, KY All-STARS is layered to promote advancement along the KY Career Lattice. There are monetary incentives tied to certain levels corresponding to the Career Lattice and within a provider's rating in All-STARS.

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/270/> (KY All- STARS regulation)

- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The Kentucky Early Childhood Professional Development (PD) Framework has been endorsed by the Early Childhood Advisory Council (ECAC), which is the state authority charged with coordination and collaboration of a high-quality system of early care and education. The KY Governor's Office of Early Childhood (GOEC) oversees ECAC, and also holds the Preschool Development Birth-to-Five grant. GOEC maintains and promotes the Registered ECE Apprenticeships in the state.**

The KY Division of Child Care is represented in the advisory structure and consistently participates in conversations around workforce compensation, retention and benefits.

- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **The PD Framework from 2011 is now disjointed from alignment with current articulations in the ECE landscape. As mentioned previously, there are new professional development programs, pathways and credentials that are not mentioned in the current framework/ECE Career Lattice. Our goal as a state is to create layered achievements that can be earned along a provider's career journey, from micro-credentialing through Master's degrees.**
- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **Our partners with Child Care Aware complete a Workforce Report that details the status of the child care workforce, however this has not been completed since the COVID-19 pandemic; the last report provided was published in 2021 with 2020 data: <https://www.childcareawareky.org/wp-content/uploads/2021/06/Workforce-Report-2020-FINAL.pdf>**

KY STATS displays an Early Childhood Workforce Report (Jan 2024) and an Early Childhood Profile (Aug 2023). "The Early Childhood Workforce Dashboard examines workforce traits and trends regarding Kentucky's early child care education instructors. This dashboard examines overall student and instructor counts, teacher preparatory program completion rates, instructor turnover rates, and what areas of employment instructors tend to move into if they change jobs. These figures are filterable by Public Preschool Instructors and Head Start Instructors." "The Early Childhood Profile provides data about early childhood metrics in each Kentucky county. The report allows users to view kindergarten readiness scores from 2014-2023 and to match third grade reading and math scores to the same cohort of kindergarten students through the 2019 academic year. It also provides information about local access to high-quality early childhood programs and enrollment numbers for child care programs in all 120 counties." Webpage here: <https://kystats.ky.gov/Reports/Reports> > select "Early Childhood" and both reports will display.

O*NET Online uses Bureau of Labor Statistics (2023) to examine data and trends in the workforce to compare Kentucky and the national averages: <https://www.onetonline.org/link/localwages/39-9011.00%20%20%20%20%20?st=KY>

Data obtained from these sources does tell us about disparities, especially when compared to national and regional differences, and across child care settings.

- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **Kentucky supported providers with direct funding and**

stipends to support the workforce during ARPA, however that funding stream has ended. Effective October 2022, Kentucky passed regulation amendments that added child care providers to a "protected population" of employees, making any child care professional in a licensed or certified setting eligible to receive CCAP, despite their household income. (922 KAR 2:160 Section 4 (3): <https://apps.legislature.ky.gov/law/kar/titles/922/002/160/>).

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **922 KAR 2:090 Child-care center licensure Section 11 - Staff Requirements** (<https://apps.legislature.ky.gov/law/kar/titles/922/002/090/>)
Six hours of cabinet-approved Orientation within three months of employment and nine hours of cabinet-approved early care and education training within the first year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training.
Fifteen hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.
- b. License-exempt child care centers: **N/A - Lead Agency does not monitor ongoing training for license-exempt child care centers.**
- c. Licensed family child care homes: **Within 3 months of submission of application, an applicant is required to complete Orientation pre-service (6 hours), and complete an additional 3 hours of training within their first year - including 1.5 hours of Pediatric Abusive Head Trauma. PAHT needs to be completed once every 5 years. Annually, a certified provider needs to complete 9 hours of ongoing training annually between July 1 and June 30.**

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/100/>
Section 2 (9)(a) and Section 10 (1)(a)

- d. License-exempt family child care homes: **Registered relative providers that provide care in their own homes are not required to complete ongoing annual training.**

They are required to complete training within 90 days of application to be a registered relative provider on child abuse and neglect, pediatric abusive head trauma and CCAP billing training. They are also required to obtain CPR and First Aid certification.

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/180/>
Section 2

- e. Regulated or registered in-home child care: **Registered relative providers that provide care in the child's home are not required to complete ongoing annual training.**

They are required to complete training within 90 days of application to be a registered relative provider on child abuse and neglect, pediatric abusive head trauma and CCAP billing training. They are also required to obtain CPR and First Aid certification.

Citation: [https://apps.legislature.ky.gov/law/kar/titles/922/002/180/Section 2](https://apps.legislature.ky.gov/law/kar/titles/922/002/180/Section%202)

- f. Non-regulated or registered in-home child care: **N/A - The Lead Agency does not monitor non-regulated in-home child care ongoing training requirements.**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **N/A**

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **The Division of Child Care, through contractual services provided by Child Care Resource and Referral Network of Services, provide regional coaching, technical assistance, and resources to support providers who care for children receiving child care subsidies, including children of different age groups. State approved training agencies and independent credentialed trainers develop and deliver training based on early care core content that equips providers to respond to the unique needs of these children and their families. The Division of Child Care has contracted to create a module for pre-service Orientation and its materials in Spanish. DCC is currently contracting to have the Pediatric Abusive Head Trauma training and materials translated into Spanish as well.**

In late 2023, the Division of Child Care, with the help of our partner ECE-TRIS, launched 'digital badging'/micro-credentials in Infant and Toddler and School Aged specific areas. The content must be exclusive and specific to these age groups. Providers can earn a badge by obtaining 30 hours of training in these age groups across our seven Core Content Subject Areas: Child growth & development; Health, safety & nutrition; Professional development/professionalism; Learning environment & curriculum; Child assessment; Family & community partnerships; and Program management & evaluation.

In 2024, the Division of Child Care's credentials for Infant and Toddler and School Age Youth Development were passed. These multi-leveled credentials focus specifically on content for those age groups, while honoring work experience, formal education and training (922 KAR 2:245 Kentucky Infant and Toddler Credential; 922 KAR 2:255 Kentucky School-Aged Youth Development Credential).

Each year the Division of Child Care partners with Child Care Aware of Kentucky (CCR&R Network) to host a "Trainer's Institute", in which KY ECE Credentialed Trainers can attend and participate in a variety of sessions. The trainings focus on how to train other adults. The content is not necessarily ECE-focused, but more so how to support our specific workforce in the training/professional development capacity. Sessions focus on diversity of audience and how to support them (meaning the providers receiving training), self-care, mental health, universal design in trainings, and more. The support through the Trainer's Institutes to credentialed trainers trickles down into their training practices and content across the state. In upcoming years, topics will continue to focus on supporting overall mental health and well-being, diverse and equitable practices, and supporting providers and children with disabilities.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **DCC collaborates with The Early Childhood Mental Health (ECMH) Program, co-administered by the Department for Behavioral Health, Developmental and Intellectual Disabilities and the Department for Public Health. ECMH Specialists can also provide program and child-level observations/consultation, assessments/screenings, individual and/or group therapy. The Kentucky All STARS tiered quality rating and improvement system is a 5 star hybrid system that groups standards under four domains. The Classroom and Instructional Quality Domain includes completing a developmental screening within 90 days of enrollment and making a referral if needed. The system is intended to allow parents the ability to compare quality across all early care and education programs, including child care, public preschool, and Head Start. The lead agency works in close partnership with the Kentucky Child Care Aware coaches to ensure providers have access to resources for conducting developmental screenings, as well as relevant professional development opportunities.**

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:

- i. ☒ Research-based.
 - ii. ☒ Developmentally appropriate.
 - iii. ☒ Culturally and linguistically appropriate.
 - iv. ☒ Aligned with kindergarten entry.
 - v. ☒ Appropriate for all children from birth to kindergarten entry.
 - vi. ☒ Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
- i. ☒ Cognition, including language arts and mathematics.
 - ii. ☒ Social development.
 - iii. ☒ Emotional development.
 - iv. ☒ Physical development.
 - v. ☒ Approaches toward learning.
 - vi. ☐ Other optional domains. Describe any optional domains:
 - vii. If any components above are not checked, describe:
- c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **The most recent printing in 2013 includes updates made to the KY Early Childhood Standards. These updates were made to ensure alignment with the Early Childhood Advisory Council (ECAC) vision. In addition, these updates included alignment with the Head Start Child Development and Early Learning Framework.**
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines.
<https://kyecac.ky.gov/Documents/kentucky-ec-standards.pdf>
- Family Guides: <https://kyecac.ky.gov/families/Family-Guides/Documents/NCFL%E2%80%9393KYGOECD%20Early%20Childhood%20Parent%20Guides-Web.pdf>

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines.
Kentucky's Early Childhood Standards are research-based indicators used to develop and expand the unified five-star quality rating and improvement system serving all early care and education programs including childcare centers, Heads Start and public preschool that receive public funding.

Kentucky's credentialed trainers provide Kentucky Early Learning Guidelines (ELG) training to child care providers across the state. Child care providers training records are tracked in ECE-TRS (Early Care and Education Training Records Information System) which provides

training data for analysis to evaluate training progress in relation to change in the providers Kentucky All STARS TQRIS level.

- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
 - i. ☒ Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. ☒ Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. ☒ Will be used as the primary or sole method for assessing program effectiveness.
 - iv. ☒ Will be used to deny children eligibility to participate in CCDF.
 - v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children's safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how

a diverse range of parents and providers were consulted, and how their views are incorporated: **Kentucky uses funding from the Tobacco Settlement to fully fund this endeavor. The Kentucky All STARS Program requires a yearly review requiring the child care center to explain the type of assessment they've completed, their findings, and how they use the assessment to improve the quality of care for all age groups served. This is a requirement for levels 2-5 providers which currently reaches over 800 providers from Type I Licensed Providers to Family Child Care Centers across the state of Kentucky. Providers and parents are able to communicate with the Division of Child Care by phone, fax, and email to relay any concerns or input.**

- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **Overall findings indicated that providers who have access to additional supports like Community Action, Head Start, and centers associated with a college, had fewer needs compared to smaller centers and family child care homes. We also found that certain existing All STARS Standards favored Type I and larger child care centers and caused barriers for our smaller centers. We've enacted policy changes to help alleviate the barriers to smaller child care centers since then. This has lead us to a DEI goal of continuing to identify barriers in our policies and regulations that are not fair for all provider types.**

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The Division of Child Care shares child care centers' Kentucky All STARS levels with partnering agencies and contracted sub-recipients via weekly emails. It is also shared with the public via the Child Care Provider Search within KYNECT.**

https://kynect.ky.gov/benefits/s/child-care-provider?origin=program-page&language=en_US

- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.
 - i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.
 - ☐ No plans to spend in this category of activities at this time.
 - ☒ Yes. If yes, describe current and future investments. **Kentucky uses funding from the Tobacco Settlement to fully fund this endeavor. Kentucky has a contract**

with the University of Kentucky's Child Care Aware (CCA) and the Family Child Care Network (FCCN) to provide technical assistance (TA) around health and safety, as well as quality. This includes trainings, onsite evaluations, etc.

- ii. Developing, maintaining, or implementing early learning and developmental guidelines.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **The Kentucky All STARS Program maintains and implements early learning and development through a variety of actions. There are standards requiring participants to provide self assessment. TA is offered through our contracted sub-recipients FCCN and CCA. ERS reports are generated through the Branagh software Kentucky provides. The ERS reports allow child care centers to utilize the information and work with FCCN and CCA to better implement early learning and development based on their scores.**

- iii. Developing, implementing, or enhancing a quality improvement system.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **This endeavor is fully funded from the Kentucky Tobacco Settlement. Kentucky All STARS is Kentucky's Quality Rating Improvement System (QRIS). We are continuing to implement the system which includes 12 All STARS staff and a supervisor, as well as over 50 additional employees via contracted sub-recipients who provide TA to providers across the state. Current plans for a future investment are to update two of our Environmental Rating Scales (ERS). We are moving from the Infant Toddler Environmental Rating Scale Revised edition (ITERS-R) to the third edition (ITERS-3). Additionally, we are moving from the Family Child Care Environmental Rating Scale Revised Edition (FCCERS-R) to Family Child Care Environmental Rating Scale Third Edition (FCCERS-3). This change includes providing the appropriate TA to child care centers around these scales.**

- iv. Improving the supply and quality of child care services for infants and toddlers.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **We are transitioning from the Infant Toddler Environmental Rating Scale Revised edition (ITERS-R) to the third edition (ITERS-3). The ITERS-3 is a major revision that introduces innovations in both content and administration of the scale, while still retaining continuity of the two primary characteristics of the ITERS—its global definition of quality and its reliance on observation as the primary source of information on which to base assessment of classroom quality.**

- v. Establishing or expanding a statewide system of CCR&R services.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **Kentucky has contracts with two sub-recipient groups who provide TA around Health and Safety, and Quality Improvement. These groups are the Family Child Care Network (FCCN) and**

Child Care Aware (CCA). In the past, technical assistance was solely provided in Kentucky by CCA, however, we've dedicated more funding to bring on FCCN who will focus only on Family Child Care homes and Type II Licensed Providers. Contracting both FCCN and CCA gives all provider types a more focused and specialized TA.

- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **Kentucky has contracts with two sub-recipient groups who provide TA around Health and Safety, and Quality Improvement. These groups are the Family Child Care Network (FCCN) and Child Care Aware (CCA). In the past, technical assistance was solely provided in Kentucky by CCA, however, we've dedicated more funding to bring on FCCN who will focus only on Family Child Care homes and Type II Licensed Providers. Contracting both FCCN and CCA gives all provider types a more focused and specialized TA.**

- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **Currently Kentucky All STARS assess quality through our four Environmental Rating Scales (ERS): Infant Toddler, Early Child Care, School-Age, and Family Child Care. We are transitioning from the Infant Toddler Environmental Rating Scale Revised edition (ITERS-R) to the third edition (ITERS-3) as well transitioning from the Family Child Care Environmental Rating Scale Revised Edition (FCCERS-R) to Family Child Care Environmental Rating Scale Third Edition (FCCERS-3). This includes providing the appropriate TA to child care centers around these scales.**

- viii. Accreditation support.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **The Kentucky All STARS Program has a standard around NAEYC Accreditation and the Division of Child Care provides TA services through FCCN & CCA to providers to support implementing the requirements for the accreditation.**

- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

☐ No plans to spend in this category of activities at this time.

☒ Yes. If yes, describe current and future investments. **Kentucky has contracts with two sub-recipient groups who provide TA around Health and Safety, and Quality Improvement. These groups are the Family Child Care Network (FCCN) and Child Care Aware (CCA). In the past, technical assistance was solely provided in Kentucky by CCA, however, we've dedicated more funding to bring on FCCN who**

will focus only on Family Child Care homes and Type II Licensed Providers. Contracting both FCCN and CCA gives all provider types a more focused and specialized TA. Kentucky All STARS also implements ERS Rating visits which have sections around nutrition, physical play and development.

- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

[] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **Currently, Kentucky All STARS is utilizing the GARE Tool around DEI to identify areas of improvement. One area we're looking into is the rotation of our Kentucky All STARS Raters and their TA Specialist who ensure their reliable on the Environmental Rating Scales. This will allow for our staff to have a fuller understanding of different regions barriers and therefore be better able to assist in those regions.**

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency's efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **Per KRS 200.700, the Kentucky State Child Care Administrator is a**

statutorily mandated, voting member of the Early Childhood Advisory Council (ECAC), as is the CHFS Secretary. The ECAC meets at least quarterly and at other times upon call of the chair or majority of the council. The ECAC is charged with making recommendations to CHFS.

Members of the ECAC will be asked to serve on a stakeholder group that offers feedback to the development of the CCDF plan. Other selected members of the ECAC will be asked to participate in work groups that create the new draft of the state plan. All ECAC members will receive a personal invitation to the public hearing of the CCDF plan, and feedback generated from the public hearing will be incorporated into the final draft of the plan. Kentucky also has a Child Care Advisory Council (CCAC). This council is consulted for continuous feedback during its quarterly meetings. Additionally, council members were asked to serve on the stakeholder group.

Citation: Kentucky Child Care Advisory Council

(<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=53316> KRS 199.8983)

Citation: KRS 200.707 Community early childhood councils

(<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=42145>)

Citation: Executive Order (2018) Relating to the Reorganization of Various Education Boards and Councils- (Pages 7, 8, and 13) <http://web.sos.ky.gov/execjournalimages/2018-MISC-2018-0581-256431.pdf> EO 2018-0581

- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved:
- ☒ Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.
- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **Ongoing supports to provide accessible training to providers already include an evidence-based training developed by the University of Kentucky to provide training to Kentucky Early Intervention System (KEIS) providers authorized under the Individuals with Disabilities Education Act (IDEA). These trainings are available through HDI's online learning platform and titled ECE 146: The Administration of the Hawaii Early Learning Profile (HELP) Birth- 3 (5 hours), and ECE 147: The Administration of the Carolina Curriculum for Infants and Toddlers with Special Needs (CCITSN) (4 Hours). These have been presented to both providers and trainers by the CCR&R at state-level conferences (ECI and the Trainers Institute). In addition, the Workforce Study can include a question regarding any additional supports needed by providers across the state in order to accommodate any special needs including disability and language. The Division of Child Care through contractual services provided by Child Care Resource and Referral Network, and in consultation with the Cabinet for Health & Family Services (CHFS) Office of Human Resource Management Language Access Program and the Human Development Institute, provide regional coaching, technical assistance, and resources to support providers with limited English proficiency and persons with disabilities.**

DCC coordinates with the Cabinet for Health and Family Services: Kentucky Early Intervention System (KEIS), Formerly known as "First Steps". Kentucky Early Intervention System is a statewide early intervention system that provides services to children with developmental disabilities from birth to age 3 and their families. Kentucky Early Intervention System is Kentucky's response to the federal Infant-Toddler Program. Kentucky Early Intervention System offers comprehensive services through a variety of community agencies and service disciplines and is administered by the Department for Public Health in the Cabinet for Health and Family Services.

Citations:

IDEA Act:

<https://apps.legislature.ky.gov/law/kar/titles/707/001/002/>

Kentucky Early Intervention System:

<https://www.chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/keis.aspx>

KY SPIN Program: <https://www.kyspin.com/wp-content/uploads/2015/02/FAQ-Kentucky-Specific-Regulations-as-related-to-IDEA-2004-Part-B.pdf>

Division of Maternal and Child Health, which includes KEIS (IDEA Part C) and the Health Access Nurturing Development and Services (HANDS) program.

<https://www.chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/keis.aspx>

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Department for Community Based Services (DCBS) coordinates with the Kentucky Head Start Collaboration Director to work with families and early care and education providers to provide healthy environments and developmental experiences that promote growth and learning to ensure that all children enter school eager and excited to learn. This collaboration leverages partnerships and resources to remove barriers so every child enters school ready to grow and learn. Additionally, DCBS/DCC works closely with the Kentucky Head Start Association in an intentional effort to align goals and activities.**

Web Link: (<https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/firststeps.aspx>)

- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The Division of Child Care coordinates with the Department of Public Health (DPH), Division of Maternal and Child Health, which includes the KEIS and the Health Access Nurturing Development and Services (HANDS) program. The Division of Maternal and Child Health also supervises the Child Care Health Consultants and Early Childhood Mental Health Specialists that are charged with supporting child care programs through training and technical assistance. The Division of Child Care coordinates with each of these programs through shared training, information exchange, and committee work groups. The Strengthening Families initiative through the Department for Public Health (DPH) is utilized throughout state agencies and represents a multi-disciplinary partnership of more than 20 public and private national, state, and local organizations dedicated to promoting six research-based**

protective factors into services and supports for children and their families. Kentucky Strengthening Families is part of the nationally-recognized Strengthening Families: A Protective Factors Framework initiative coordinated by the Center for the Study of Social Policy.

Compliance of immunizations are monitored by the Division of Regulated Child Care (DRCC) and is part of our regulations as they pertain to Health and Safety for Licensing requirements. This requirement is built into our regulations, in that providers are required to obtain a current immunization certificate for each child in their care within 30 days of the child's enrollment start date.

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/090/>

- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The Division of Child Care has implemented the Employee Child Care Assistance Partnership (ECCAP) Program from House Bill 499 from the 2022 Regular Session. ECCAP is a state-funded workforce initiative and does not utilize CCDBG funding as it serves families who exceed CCDF income eligibility thresholds. Through ECCAP, the cost of child care is shared by the employee, employer and Kentucky's Cabinet for Health and Family Services (CHFS). The amount contributed by the Cabinet is based upon your family's size and income level. This means your child care expense could be significantly reduced.**

Citation(s):

Website Eligibility/Information: https://kynect.ky.gov/benefits/s/eccap-program?language=en_US

Regulations: <https://apps.legislature.ky.gov/law/kar/titles/922/002/165/>

DCC coordinates with the Office of Employer and Apprenticeship services- Education and Labor Cabinet and with the Governor's Office of Early Childhood to continue to grow the early education registered apprenticeships in Kentucky.

Website: <https://kyecac.ky.gov/workforce/Pages/Apprenticeships.aspx>

Website: <https://elc.ky.gov/Initiatives/Pages/Kentucky-Apprenticeship-Programs.aspx>

The Department of Workforce Development (DWD) connects Kentuckians to employment, workforce information, education, and training. The agencies of the department, the Office of Vocational Rehabilitation, and the Office of Employer and Apprenticeship Services work together to provide services through the Kentucky Career Center. Also, under the direction of DWD is the Office of Adult Education.

Website: <https://elc.ky.gov/Agencies/Pages/Department-of-Workforce-Investment.aspx>

- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The Kentucky Department of Education (KDE) is a major partner with DCBS, as both entities work collaboratively to assure children are ready to succeed in school, including wrap-around service coordination with providers. KDE and DCBS serve on multiple advisory committees and meet regularly to coordinate services. Also, DCBS and KDE have a joint QRIS system to**

classify quality early childhood programs on a one-star to five-star rating system. Both partners use the same tiered characteristics to rate all early childhood classrooms and programs.

Website: <https://www.education.ky.gov/specialed/earlylearning/Pages/ECRsrcs.aspx>

- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **DCBS contracts with the Cabinet's Office of the Inspector General (OIG), Division of Regulated Child Care (DRCC) for the inspection, licensing, and certification of licensed child care centers and certified family child care homes pursuant to Kentucky statutes and regulations.**

Regional DRCC staff are responsible for conducting on-site visits and investigating complaints of all Kentucky licensed child care programs, certified family child care homes, and registered providers to ensure compliance with applicable child care regulations.

- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **Child care programs can participate in the Child and Adult Care Food Program independently or through a sponsoring organization that accepts full administrative and financial responsibility for the program. The Child and Adult Care Food Program (CACFP) parents with child care centers, licensed Head Start programs, and family child care homes to provide healthy meals to Kentuckians. The CACFP contributes to the wellness, healthy growth, and development of young children by providing institutions monetary reimbursement for serving healthy meals. This USDA program, administered by the Kentucky Department of Education, provides teaching on the principles of good nutrition throughout the state. The Lead Agency ensures that technical assistance staff and providers are aware of CACFP guidelines and how they intersect with child care regulations. Information on the CACFP is presented as part of the new provider training. Technical assistance staff are trained to make referrals for providers who are interested in enrolling in the CACFP. Coaches integrate CACFP resources into technical assistance visits when appropriate.**

Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/120/>

SPAN Grant- CDC- Go NAPSACC Program: The Kentucky Department for Public Health supports Go NAPSACC through cooperative agreement NU58DP007561, State Physical Activity and Nutrition Program, funded by the Centers for Disease Control and Prevention. The Go NAPSACC program supports compliance with state regulations along with evidence-based practices for nutrition, physical activity and screen time at no cost to providers. Over the past several years, more than 300 child care programs have participated in Go NAPSACC training and one-on-one consultation. Programs receive training in a variety of related areas, ongoing support, and even resources to support Spanish speaking providers and staff. Child Care Aware of Kentucky coaching staff also serve as consultants for KY All-STARS and the Go NAPSACC program.

Website: <https://gonapsacc.org/>

- j. McKinney-Vento State coordinators for homeless education and other agencies providing

services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **DCBS works in collaboration with the McKinney-Vento State Coordinator housed in the Kentucky Department of Education to identify children experiencing homelessness and prioritize services to those families. Those experiencing homelessness applying for child care assistance are eligible for expedited services. They are entitled to immediate approval and enrollment with a child care provider. Families experiencing homelessness have up to three calendar months from the date of application to return the other documentation.**

Website: <https://www.education.ky.gov/federal/progs/txc/Pages/default.aspx>

- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **The agency responsible for the Temporary Assistance for Needy Families program (TANF) is also located in DCBS. Kentucky Transitional Assistance Program (KTAP) is the monetary assistance program established using the federal funds from the TANF block grant. The Division of Family Support is responsible for administering and determining eligibility through the Integrated Eligibility and Enrollment System (IEES), a single access point for Supplemental Nutrition Assistance Program (SNAP), the Kentucky Transitional Assistance Program (K-TAP), Kentucky Works Program (KWP), Medicaid, and the Child Care Assistance Program (CCAP). The Division of Child Care staff have daily interaction and coordinate services with the Division of Family Support.**

Website: <https://www.chfs.ky.gov/agencies/dcbs/dfs/fssb/Pages/ktap.aspx>

- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **DCBS coordinates with the Department for Medicaid Services and the Department of Public Health to include access to comprehensive services to children in child care settings. Both agencies are housed within CHFS and work closely together on a daily basis. As noted above eligibility for Medicaid programs is also determined in conjunction with eligibility determination for all other public assistance programs including child care. The Department of Medicaid Services has also collaborated with the Division of Child Care to make sure that child care providers have access to medical care if they do not have the opportunity to be on a group plan through their place of employment. State workers have contacted every child care program, through phone calls, emails, and the DCC listserv, to let them know that they may be eligible for medical care through Medicaid.**

Website: <https://www.chfs.ky.gov/agencies/dms/member/Pages/children.aspx>

- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **DCBS and the Department for Behavioral Health, Developmental and Intellectual Disabilities work cooperatively to ensure effective delivery of behavioral health and disability services to Kentuckians. The Division of Child Care coordinates with this agency through shared training, information exchange, and joint steering committees with common goals.**

Website: DPH- Maternal and Child Health: ECMH Specialists:
<https://www.chfs.ky.gov/agencies/dph/dmch/Pages/default.aspx>

For Families/Providers/Public: The Early Childhood Mental Health Program is co-administered by the Department for Behavioral Health, Developmental and Intellectual Disabilities and the Department for Public Health. ECMHP supports Early Childhood Mental Health Specialist staff positions in all fourteen of the CMHCs. The goal for the Early Childhood Specialist is to build regional capacity to better meet the social, emotional, and behavioral needs of children birth through five and their families. Some trainings that are offered by ECMHP: Strengthening Families, Connect the Dots, and others. ECMH Specialist can also provide program and child-level observations/consultation, assessments/screenings, individual and/or group therapy.

Website: <https://dbhdid.ky.gov/dbh/ecmh.aspx>

- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **CHFS contracts with the University of Kentucky's Interdisciplinary Human Development Institute (UK-HDI) to provide coordination and leadership to support the professional development of child care providers and trainers throughout the state of Kentucky.** These supports include a statewide regional network of Child Care Resource and Referral (CCR&R) services, which at a minimum include CCR&R services and coordination of professional development delivery, attainment, and content initiatives to support CCDF programs. The University of Kentucky's Child Care Aware Health and Safety Coaches and Quality Coaches offer technical assistance to programs throughout the state. The Training Coaches support Kentucky's early care and education credentialed trainers, and the Professional Development Coaches provide guidance to child care providers that would like to obtain a higher credential or degree in the field of early childhood education. These coaches have access to knowledge and training to develop and enhance their skills as trainers of adults who work with young children and families. The Professional Development Coaches also help develop programs pertaining to Kentucky Higher Education Assistance Authority (KHEAA) scholarships, non-college scholarships, mini-grants, and the development of individual professional growth plans for early care and education professionals participating in the scholarship program. Coordination of quality and health/safety initiatives to support CCDF programs is also accomplished through this partnership. Local training agencies will also play a pivotal role within the professional development growth of Kentucky early childhood educators.

Family Child Care Network: The Family Child Care Network of Kentucky is comprised of an experienced and devoted group of Family Child Care Specialists who have been selected to visit and work with providers in their home (place of business). The Specialists will be there to support the provider and offer one-on-one technical assistance. The support offered varies from home to home and it is all individualized for each provider.
<https://www.fccnky.com/>

Cabinet Approved Training Agencies: The Cabinet and Division of Child Care coordinate training services and scholarship offerings through Cabinet Approved training agencies. These 10 agencies are located throughout the state and provide training and professional development opportunities to child care providers. They also overlap with the Family Child Care Network, offering localized and regionally based services and technical assistance.

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The Division of Child Care collaborates with the Kentucky Out of School Alliance (KYOSA) to establish out-of-school time quality standards as well as professional development training targeted at providers working in afterschool settings. A member of the DCC management team attends the KYOSA board meetings and participates in brainstorming and communication of new Kentucky school-age child care initiatives. Some recent results of coordination with KYOSA have been the work group to develop the School Age Youth development badge and credential, and partnering with KYOSA on the National Center on Afterschool and Summer Enrichment (NCASE) Peer-Learning- Group (PLG) for Developing Equitable Systems and Strategies for SEL/Mental Health in Out of School Time (OST).**

- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **Kentucky's Division of Emergency Management is responsible for coordinating the state's emergency management and response. The Lead Agency partners with Emergency Management to ensure state and county level planning efforts are reviewed and updated in regular intervals. Kentucky's Division of Emergency Management Authority: KRS 39A.050 2(c) designates responsibility for coordinating disaster and emergency services. Planning guidance ensures that local, regional, and state emergency operations plans meet minimum federal and state requirements for standard content, format, and usability in the development and integration of Emergency Operation Plans Both the Division of Emergency Management and the Department for Public Health staff emergency operates centers during these times and coordinate with the Lead Agency for emergency social services, child care, and public assistance as needed.**

In 2021, the Lead Agency worked with partner agencies, including the Division of Emergency Management, to create new regulations for emergency licensure and certification of child care programs during emergencies.

Citation: (<http://www.lrc.ky.gov/Statutes/statute.aspx?id=21699>) KRS 39A.050 Responsibility of division for coordinating disaster and emergency services
Web Link: (<https://kyem.ky.gov/programs/Pages/County-ESF-and-EOP.aspx>) County ESF and EOP
Web Link:
<https://eec.ky.gov/Energy/Programs/Documents/Emergency%20Operation%20Plan.pdf>
State ESF and EOP: Updated 2020

- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.

- i. ☒ State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **The Cabinet for Health and Family Services, in collaboration with the Kentucky Department of Education (KDE), will use American Rescue Plan (ARP) funds to offer the Preschool Partnership Grant designed to incentivize cooperative public/private partnerships between public school districts and child care providers to develop full day, high-quality programs for at-risk children. The incentive grant program represents an opportunity for school districts and child care providers to improve the quality of services in their communities.**
- ii. ☒ State/Territory institutions for higher education, including community colleges. Describe: **Under the direction of the Early Childhood Advisory Council (ECAC), the Lead Agency collaborates with system-level partners to promote scholarships administered by the Kentucky Higher Education Association Authority (KHEAA). Child Care Aware Professional Development (PD) Coaches disseminate scholarship information, recruit potential scholars, and assist individuals with professional development planning and enrollment procedures. The scholarships are awarded to individuals who take college- credit courses to earn the Child Development Associate Credential, Director’s Credential, or pursue degrees in early childhood development. Faculty and staff at approved universities and colleges deliver a planned program of instruction that aligns with current research and promotes quality practices. After courses are successfully completed, scholars may apply for education-related expense reimbursement at the amount specified by the ECAC.**

Based on funding availability, scholars may also apply for milestone achievement awards upon completion of their program of study. These awards are paid jointly with state funds (90%) and by the scholar’s employer (10%). Child Care Aware PD Coaches are available to support individuals to realize their professional development plans and achieve their goals.

<https://www.chfs.ky.gov/agencies/dcbs/dcc/Pages/professionaldevelopment.aspx>

x

- iii. ☐ Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:
- iv. ☒ State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **Efforts between DCBS and Department for Public Health- Division of Maternal and Child Health are geared toward joint screening and training of practitioners. Home visitors are also provided updates to child care rules and regulations as a means of helping first-time parents choose quality arrangements for their children.**
- v. ☒ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **DCBS coordinates with the Department for Medicaid Services and the Department of Public Health to include access to comprehensive services to children in child care settings. These agencies are internal to CHFS.**
<https://www.chfs.ky.gov/agencies/dcbs/dpp/cpb/Pages/default.aspx>
- vi. ☒ State/Territory agency responsible for child welfare. Describe: **DCBS**

coordinates with the Department for Medicaid Services and the Department of Public Health to include access to comprehensive services to children in child care settings. These agencies are internal to CHFS.

<https://www.chfs.ky.gov/agencies/dcbs/dpp/cpb/Pages/default.aspx>

- vii. ☒ Child care provider groups or associations. Describe: **DCBS leadership has regular meetings with provider advocacy groups to receive input to improve the quality of child care in the state and meet provider and family needs.**
- viii. ☒ Parent groups or organizations. Describe: **The Lead Agency engages with parent groups and organizations through membership in or attendance of the Kentucky Child Care Advisory Council. Unlike the Early Childhood Advisory Council, this statute includes child care providers and parents among membership to offer their expertise and guidance from working as a provider in the field of early child care. The Child Care Advisory Council convened for the first time in October 2017 and meets quarterly.**

Citation: <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=53316>

- ix. ☐ Title IV B 21st Century Community Learning Center Coordinators. Describe:
- x. ☐ Other. Describe:

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

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

☐ No. (If no, skip to question 8.2.2)

☒ Yes.

- i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:
- ☐ Title XX (Social Services Block Grant, SSBG)
 - ☐ Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)
 - ☒ State- or Territory-only child care funds
 - ☒ TANF direct funds for child care not transferred into CCDF
 - ☐ Title IV-B funds (Social Security Act)
 - ☐ Title IV-E funds (Social Security Act)
 - ☒ Other. Describe: **Kentucky's Master Tobacco Settlement Agreement funds are used to support the Kentucky All STARS program.**
- ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? **Ensure access to childcare services for homeless children; Maintain qualifications and reliability training for licensing inspectors; Maintain a system for annual inspection of child-care providers to ensure compliance with licensing standards and regulations; Provide a comprehensive criminal background check for child-care providers and childcare staff members; Continue to enhance current quality activities that relate to improving the quality of care for infants and toddlers; Maintain recent addition of initial 90-day job search to support workforce development and self-sufficiency of families. In addition, the state general funds will be utilized in (State Fiscal Year) SFY 25 and SFY 26 to continue paying CCAP payments at the current level, CCAP initiative for income exclusion, the CHFS portion of the ECCAP payment, Cliff Effect, and funding the Early Childhood Development Scholarship Program.**

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

☐ Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

- a. Does the Lead Agency use public funds to meet match requirements?
☒ Yes. If yes, describe which funds are used: **Kentucky's Master Tobacco Settlement Agreement Funds, State General Funds, and Restricted Funds.**
☐ No.
- b. Does the Lead Agency use donated funds to meet match requirements?
☐ Yes. If yes, identify the entity(ies) designated to receive donated funds:
i. ☐ Donated directly to the state.
ii. ☐ Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
☒ No.
- c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:
- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
 - The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
 - The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
 - If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.
- Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.
- If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?
- ☐ Yes.
- ☒ No. If no, describe: **The state of KY doesn't use public pre-kindergarten Funds to meet MOE funding requirements.**

8.3 Coordination with Child Care Resource and Referral Systems

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

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

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

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

☐ No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

☐ No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

☒ Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency:
The Kentucky Partnership for Early Childhood Services, housed at the University of Kentucky Human Development Institute, is funded through a contract with CHFS to provide coordination and administration of statewide Child Care Resource and Referral (CCR&R) network of services. The contract deliverable is to ensure adequate supply of quality child care programs and services are available in each regional hub covering the Area Development District. DCBS- Division of Child Care, through its CCR&R contract, works actively to meet the needs of families, provide referral information to families seeking child care, increase family knowledge of the characteristics of high quality early care and education services, and increase provider access to training and/or professional development opportunities. Website: <https://www.childcareawareky.org/>

The Family Child Care Network of Kentucky is comprised of an experienced and devoted group of Family Child Care Specialists who have been selected to visit and work with providers in their home (place of business). The Specialists will be there to support the

provider and offer one-on-one technical assistance. The support offered varies from home to home and it is all individualized for each provider. Website: <https://www.fccnky.com/>

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **CHFS has committed to ongoing endeavors to encourage the private sector to meet employee needs for child care. DCC, through subcontracts with Kentucky's Child Care Resource and Referral Network, has conducted several outreach activities targeted at local businesses, inclusive of a marketing plan with material and information to employers on the importance of high quality child care to the business community. CCDF-funded programs regularly meet with private, faith based, and community-based organization to strategize ways to collaborate and minimize duplication of service delivery.**

During the 2000 legislative session, House Bill 706 unanimously passed in both chambers of the Kentucky Legislature. At that time, it was the most comprehensive package of early childhood legislation in the nation addressing the needs of children. State and local partnerships were created to meet the locally identified needs of children and set the foundation for the Community Early Childhood Councils. In 2019, the Early Childhood Advisory Council voted to merge the councils based upon geographical location and in alignment with the 10 workforce areas. Today, this network of local partnerships is referred to as Regional Collaboratives and is led by the Governor's Office of Early Childhood. Regional Collaboratives are tasked with uniting organizations in local communities to address critical early years of a child's life.

The Kentucky Regional Collaborative Network:

- Aligns birth-5 programs and strategies, reduces duplication and leverages additional resources to ensure children in their community have a strong start.
- Collaborates with the Kentucky Center for Statistics (KYSTATS) on Early Childhood Profile to connect prevention services along the birth-5 pathway to increase access and opportunity.
- Invests in data-driven solutions through local innovation and decision-making to grow Kentucky's Bright Spots.
- Effects change to make measurable progress toward locally defined community-wide goals.

Citation: <https://kyecac.ky.gov/community/Pages/Regional-Collaboratives.aspx>

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by

Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **The Division of Child Care did not previously have regulations on emergency licensure during local or statewide emergencies. During 2021, DCC met with partnering agencies including Division of Emergency Management, Department of Public Health, Division of Regulated Child Care, and the University of Kentucky's Network of Services. DCC also contacted other CCDF State Administrators to review emergency licensure regulations that were currently operational in other areas of the country. This TA from the CCDF State Administrators review has directly resulted in our Child Care Disaster Plan being updated and anticipate completion Fall of 2024. Updates in process include: Details on how the State will address the needs of children, including the need for safe child care, before, during and after a state of emergency event; expanding the Division of Child Care's Emergencies and Disaster Webpage to include the state's disaster plan and supporting documentation; Working with Kentucky Emergency Management and the American Red Cross to collaborate on how to enhance the plan for Child Care; and including additional planning sections for providers specific to training requirements, accommodations and evacuations for staff volunteers, infants, toddlers, and children with chronic medical conditions.**

Updated December 2021: <https://apps.legislature.ky.gov/law/kar/titles/922/002/120/>

- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
- i. The plan was developed in collaboration with the following required entities:
- ☒ State human services agency.
 - ☒ State emergency management agency.
 - ☒ State licensing agency.
 - ☒ State health department or public health department.
 - ☒ Local and State child care resource and referral agencies.
 - ☒ State Advisory Council on Early Childhood Education and Care or similar coordinating body.
- ii. ☒ The plan includes guidelines for the continuation of child care subsidies.
- iii. ☒ The plan includes guidelines for the continuation of child care services.
- iv. ☒ The plan includes procedures for the coordination of post-disaster recovery of child care services.
- v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
- ☒ Procedures for evacuation.

- ☐ Procedures for relocation.
 - ☒ Procedures for shelter-in-place.
 - ☒ Procedures for communication and reunification with families.
 - ☒ Procedures for continuity of operations.
 - ☒ Procedures for accommodations of infants and toddlers.
 - ☐ Procedures for accommodations of children with disabilities.
 - ☐ Procedures for accommodations of children with chronic medical conditions.
- vi. ☐ The plan contains procedures for staff and volunteer emergency preparedness training.
 - vii. ☐ The plan contains procedures for staff and volunteer practice drills.
 - viii. If any of the above are not checked, describe: **Unchecked items are included in the updates to the plan with an anticipated completion date in Fall of 2024.**
 - ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: **Citation:**
(<https://eec.ky.gov/Energy/Programs/Documents/Emergency%20Operation%20Plan.pdf>) **State Emergency Operation Plan**
Citation: (<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=40523>)
KRS 199.895 Evacuation plan required for child care centers
Citation: (<https://apps.legislature.ky.gov/law/kar/titles/922/002/100/>) **Certified Family Child Care- Updated Regulations 2024**
Web Link: (<https://www.chfs.ky.gov/agencies/dcbs/dcc/Pages/policies.aspx>) **Child Care Emergency / Disaster Preparedness Guide**

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family's needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request.

Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **Complaints are accepted by telephone (502-564-7962) or fax (502-564- 3950) in addition to email: CHFSOIGRCCCallCenter@ky.gov.**
- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **All of our websites can now be translated, using a drop-down feature at the top of all website pages. The top nine other language spoken is available. <https://www.chfs.ky.gov/agencies/os/oig/drcc/Pages/CSRI.aspx>. <https://www.chfs.ky.gov/agencies/dCBS/dcc/Pages/default.aspx>**
- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **Kentucky's Division of Child Care strives to ensure all pages of the website are accessible. All pages are accessible to individuals with disabilities in accordance with Section 508 of the Rehabilitation Act. Persons with hearing and speech impairments can contact each agency by using the Kentucky Relay Service, a toll-free telecommunication device for the deaf (TDD). For voice to TDD, call 800-648-6057. For TDD to voice, call 800-648-6056**
- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

☒ Yes. If yes, describe: **Complaints may be submitted via phone, email, fax, or in-person to the regional DRCC Enforcement Branch. The Enforcement Branch, upon receipt of a complaint or allegation, conducts an investigation within 30 days using methodology for prioritization of investigations. The process for screening begins with the intake report information, name of center or provider, name of complainant, description of complaint situation, who the alleged perpetrator(s) are, how the child was affected, witnesses, names of staff or children involved, and what actions were taken by the provider. Once the parent complaint is documented, a surveyor will offer an unannounced visit to the child care provider to collect information on the provider's explanation of the situation. Staff members will be interviewed for information, and the licensing body will review all needed information (ex. video footage, staff handbooks, etc.) before making a decision on whether or not the complaint is substantiated. If the complaint is substantiated, then the licensing body will work with the provider to create a corrective action plan to resolve the problem. The complaint process is the same for each type of provider.**

☐ No.
- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **DRCC Regional Enforcement Branch, upon receipt of a complaint or allegation, conducts an investigation within 30 days using methodology for prioritization of**

investigations. The process for screening begins with the intake report information, name of center or provider, name of complainant, description of complaint situation, who the alleged perpetrator(s) are, how was the child affected, witnesses, names of staff or children involved, and what action were taken by the provider. All investigations are maintained in a Shared Drive upon completion. All complaint investigations are processed in the same manner. Files are maintained for seven (7) years.

- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Information is available to the public through the Child Care Provider Search.** https://kynect.ky.gov/benefits/s/child-care-provider?origin=program-page&language=en_US. Parent complaints can be found under 'Inspections,' on the provider's detail page. The investigative findings are available through an open records request.

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- i. Provide the URL for the Lead Agency's consumer education website homepage:
<https://www.chfs.ky.gov/agencies/dCBS/dcc/Pages/default.aspx>.
- ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
[x] Yes.
[] No. If no, describe:
- iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
[x] Yes.

☐ No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- i. Provide the direct URL/website link to how the Lead Agency licenses child care providers:
<https://www.chfs.ky.gov/agencies/dCBS/dcc/Pages/childcareproviderinfo.aspx>
- ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers:
<https://www.chfs.ky.gov/agencies/dCBS/dcc/Pages/abuseinjurydataandinspection.aspx>
Regulation: <https://apps.legislature.ky.gov/law/kar/922/002/090.pdf>.
- iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:
<https://www.chfs.ky.gov/agencies/dCBS/dcc/Pages/nationalbackgroundcheck.aspx>
- iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:
<https://www.chfs.ky.gov/agencies/dCBS/dcc/Pages/nationalbackgroundcheck.aspx> and <https://www.chfs.ky.gov/agencies/dCBS/dcc/Pages/find-care.aspx>

9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.
 - i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?
☒ Yes.
☐ No. If no, describe:
 - ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: https://kynect.ky.gov/benefits/s/child-care-provider?origin=program-page&language=en_US
 - iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:
☐ License-exempt center-based CCDF providers.
☐ License-exempt family child care CCDF providers.
☐ License-exempt non-CCDF providers.
☐ Relative CCDF child care providers.
☐ Other (e.g., summer camps, public pre-Kindergarten). Describe:
- b. Identify what additional (optional) information, if any, is available in the searchable results

by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	☒	☐	☐	☐	☐
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	☒	☐	☐	☐	☐
Specialization or training for certain populations	☐	☐	☐	☐	☐
Care provided during nontraditional hours	☒	☐	☐	☐	☐

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.
- i. ☒ All licensed providers. Describe: **Cost, Full-time or Part-time, if transportation is available, any accreditation, and food permit.**
 - ii. ☐ License-exempt CCDF center-based providers. Describe:
 - iii. ☐ License-exempt CCDF family child care providers. Describe:
 - iv. ☐ License-exempt, non-CCDF providers. Describe:
 - v. ☐ Relative CCDF providers. Describe:
 - vi. ☐ Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
 - i. ☒ Quality improvement system.
 - ii. ☐ National accreditation.
 - iii. ☐ Enhanced licensing system.
 - iv. ☐ Meeting Head Start/Early Head Start Program Performance Standards.
 - v. ☐ Meeting pre-Kindergarten quality requirements.
 - vi. ☐ School-age standards.
 - vii. ☐ Quality framework or quality improvement system.
 - viii. ☐ Other. Describe:
- b. For what types of child care providers is quality information available?
 - i. ☒ Licensed CCDF providers. Describe the quality information: **The Kentucky All STARS tiered quality rating and improvement system consists of 5 stars, with 3 to 5 stars considered high quality. Quality ratings are reflected in the Child Care Provider Search. Participation in All STARS is mandatory for providers receiving public funds.**
 - ii. ☒ Licensed non-CCDF providers. Describe the quality information: **Providers not receiving public funds may opt-out of Kentucky All STARS. Providers who have opted-out are listed in the Child Care Provider Search as "Not Participating."**
 - 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:
 - vii. ☐ Other. Describe:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider

type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
 - i. ☒ The total number of serious injuries of children in care by provider category and licensing status.
 - ii. ☒ The total number of deaths of children in care by provider category and licensing status.
 - iii. ☒ The total number of substantiated instances of child abuse in child care settings.
 - iv. ☒ The total number of children in care by provider category and licensing status.
 - v. If any of the above elements are not included, describe:
- b. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Regulation requires a provider to report accident or injury requiring medical care within 24 hours from time of incident to the DCBS-Division of Protection and Permanency, DCBS-Division of Child Care, and OIG-Division of Regulated Child Care. A child fatality must be reported within one hour. 922 KAR 2:090 Child Care Licensure, Section 12. 922 KAR 2:100 Certification of Family Child Care Homes, Section 19. The Child Protection Branch maintains records and prepares the Child Fatality/Near Fatality Annual Report which is available to inter-departmental agencies and the public.**
 - ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **KRS 600.020 defines an "abused or neglected child." Citation: <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=51019>**
 - iii. The definition of “serious injury” used by the Lead Agency for this requirement: **922 KRS 2:090 defines an injury as an accident or injury to a child that requires medical care initiated by the child-care center or the child's parent. KRS 600.020.(60) "Serious physical injury" means physical injury which creates a substantial risk of death or which causes serious and prolonged disfigurement, prolonged impairment of health, or prolonged loss or impairment of the function of any bodily member or organ;**
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:
<https://www.chfs.ky.gov/agencies/dccs/dcc/Documents/incidentanddeathdata.pdf>

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?
☒ Yes.
☐ No.
☐ Not applicable. The Lead Agency does not have local CCR&R organizations.
- b. Provide the direct URL/website link to this information: **Information on our child care resource and referral partners can be found on our DCC consumer education pages, and on the public child care search website page.**
<https://chfs.ky.gov/agencies/dcbs/dcc/Pages/find-care.aspx>
https://kynect.ky.gov/benefits/s/program-page?language=en_US&program=CC.
<https://www.childcareawareky.org/support/families/>

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?
☒ Yes.
☐ No.
- b. Provide the direct URL/website link to this information: **All contact information is at the bottom of each page. Per the design of our website, and all agencies under the Department for Community Based Services, include the name of the Division's Director, phone number, fax number, and office address.**
Link to the Home Page: <https://chfs.ky.gov/agencies/dcbs/dcc/Pages/default.aspx>

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?
☒ Yes.
☐ No.
- b. Provide the direct URL/website link to the sliding fee scale.
<https://www.chfs.ky.gov/agencies/dcbs/dcc/Pages/kiccsportal.aspx>

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **Information for families receiving CCDF and information for the public on our services can be found in multiple website pages and through other avenues such as social media. Kentucky uses a unified system for all programs, which is https://kynect.ky.gov/benefits/s/?language=en_US. Families can use the prescreening tool found on the home page. This allows families to determine all the programs they may be eligible for: Health Assistance, Food Assistance, Financial Assistance, Child Care Assistance and Health Insurance. For families that visit face to face with a Department for Community Based caseworker, the interview will consist of determining all the programs a family is eligible to enroll and receive benefits. Kentucky also uses social media platforms to reach families. The Kentucky Cabinet for Health and Family Services (CHFS) and the Kentucky Department for Community Based Services (DCBS) has a Twitter and Facebook page. These social media platforms allow for frequent sharing of information on all services and changes. DCC frequently posts to the DCBS social media pages on our various services. The Lead Agency's consumer education website <https://chfs.ky.gov/agencies/dcbs/dcc/Pages/default.aspx> also directs parents to the tools referenced above.**

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children's Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

☒ Yes.

☐ No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

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

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

☒ Yes.

☐ No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **The Division of Child Care develops and distributes content to Kentucky Credentialed Trainers concerning best practices on handling special needs in the early childhood setting. The Division of Child Care hosts training of the trainer sessions to raise awareness of child development needs, resources, parent communication, and equity for young children with special needs in the early childhood setting. After determining focus topics, for example Introduction to Early Intervention in Kentucky, Communicating with Parents of Children with Special Needs and Autism 101, and recently Communicating with Parents of Children with Special Needs and Autism 102, the Professional Development Team forms teams of field professionals throughout the state to develop the training content. A member of the Division of Child Care Professional Development staff leads these teams. Trainings are developed and distributed by a member of the Professional Development team. These individuals also adhere to 922 KAR 2:240 Kentucky Early Care and Education Trainer's Credential and training approval. Child Care Aware of Kentucky collaborates with The Division of Child Care to share the information via the Trainer ListServ and quarterly Trainer Talk Newsletter. See link: <https://www.childcareawareky.org/tot-series-from-dcc/>. All Department for Public Health**

regional offices provides child find/referral information for both HANDS and First Steps to the general public but target parents, physicians (family, ob/gyn, and pediatricians), birthing hospitals, child care and other state programs serving young children. The information packets include developmental milestones, access to developmental screening, and how to refer children to HANDS and/or First Steps. Some offices use social media to further the spread of information. A couple of offices use billboards. When allowed, regional offices often participate in community activities such as baby showers. The Division of Child Care partners with the Governor's Office of Early Childhood and the Division of Regulated Child Care to provide parents, providers, and the general public access to web-based information and electronic newsletters. Parents have access to electronic resources, including newsletters, parent guides, and additional print ready materials with tips and information regarding child development. The Division of Child Care partners with the University of Kentucky Human Development Institute to administer the statewide Child Care Aware Resource and Referral Network of Services, which provides technical assistance regarding health and safety and quality child care. The network includes content coordinators who maintain expertise in current best practice in order to equip technical assistance coaches with the resources necessary to encourage providers to share information with parents of the children they serve. The Lead Agency also partners with Department of Public Health to disseminate information about healthy eating. Child Care Health Consultants are available to help providers. The Lead Agency also partners with the University of Kentucky Human Development Institute to administer the statewide Child Care Aware Resource and Referral Network of Services, which provides technical assistance regarding health and safety and quality child care including health eating.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

☒ Yes.

☐ No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **For Families/Providers/Public: The Early Childhood Mental Health Program is co-administered by the Department for Behavioral Health, Developmental and Intellectual Disabilities and the Department for Public Health. ECMHP supports Early Childhood Mental Health Specialist staff positions in all fourteen of the CMHCs. The goal for the Early Childhood Specialist is to build regional capacity to better meet the social, emotional, and behavioral needs of children birth through five and their families. The ECMHP can support childcare programs in several ways. Our Specialist offer a variety of trainings such as Early Childhood Development Attachment, Environmental Strategies, KY Strengthening Families, Connect the Dots, and others. ECMH Specialist can also provide program and child-level observations/consultation, assessments/screenings, individual and/or group therapy. : <https://dbhdid.ky.gov/dbh/ecmh.aspx>. For Providers: The Division of Child Care is developing and distributing content to Kentucky Credentialed Trainers concerning best practices on handling special needs in the early childhood setting. The Division of Child Care will be hosting training of the trainer sessions over the course of three (3) years to raise awareness of child development**

needs, resources, parent communication, and equity for young children with special needs in the early childhood setting. After determining focus topics, for example Introduction to Early Intervention in Kentucky, Communicating with Parents of Children with Special Needs and Autism 101, the Professional Development Team forms teams of field professionals throughout the state to develop the training content. A member of the Division of Child Care Professional Development staff leads these teams. Trainings are developed and distributed by a member of the Professional Development team. These individuals also adhere to 922 KAR 2:240 Kentucky Early Care and Education Trainer's Credential and training approval.

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **We have a website page dedicated to preventing suspension and expulsion in child care settings. This includes information and resources for families:**
<https://www.chfs.ky.gov/agencies/dCBS/dcc/Documents/resourcesforfamiliesonpreventingsuspensionandexpulsion.pdf> and child care providers:
<https://www.chfs.ky.gov/agencies/dCBS/dcc/Documents/resourcesforprovidersonpreventingsuspensionandexpulsion.pdf>.
<https://www.chfs.ky.gov/agencies/dCBS/dcc/Pages/suspensionandexpulsion.aspx>
- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **Our policy on preventing suspension and expulsion is posted on our website:**
<https://www.chfs.ky.gov/agencies/dCBS/dcc/Documents/dccsuspensionandexpulsionpolicy.pdf>. Also, Kentucky Child Care Aware Coaches provide technical assistance to prevent and address discipline issues in child care programs and recommend best practices to develop policies that support children's social-emotional and behavioral health to prevent suspension and expulsion from early childhood programs. Connect the Dots is a joint collaboration between multiple early education and mental health specialists across Kentucky. The collaboration was built to address the common need for a short, yet powerful, skills-based training teaching the basics of social and emotional best practices. Connect the Dots highlights 4 easy to remember steps to address challenging behaviors. The 4 steps encompass both the "well-being" and the "well-doing" of children to ensure strong social and emotional skills needed for success in school and life. Connect the Dots resources and trainings are for anyone who works with children ages two to five years old.
<https://www.kentuckycchc.org/posters-handouts-1/>.

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA

Part B, Section 619 and Part C; and,

- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.
☒ Yes.
☐ No. If no, describe:
- Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
☒ Yes.
☐ No. If no, describe:
- Developmental screenings to parents receiving a subsidy as part of the intake process.
☒ Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **Upon application for child care assistance, parents are provided with a copy of our consumer education statement. Our consumer education statement includes information on developmental screenings.**
<https://www.chfs.ky.gov/agencies/dcb/dcc/Documents/consumereducationstatement.pdf>.
☐ No. If no, describe:
- How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.
☒ Yes.
☐ No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the

administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The Division of Administration and Financial Management (DAFM), Policy and Program Administration Branch is responsible for fiscal oversight and monitoring of grants and contracts. (DAFM) budget staff is responsible for the compilation and submission of the biennial budget for grant programs; monthly monitoring of financial activity; budget modifications and realignments; and contract funding verification. In addition, DGA and DAFM work together to submit the ACF-696 Financial Report. This report track's all expenditures for every funding source with the program and is submitted quarterly for each Program Period that is still open. The report is submitted within 30 days of the end of the Quarter. The Public Assistance Quality Control (PAQC) Review Branch, within the Office of the Ombudsman and Administrative Review, will conduct a monthly random sample of 23 cases. PAQC staff will conduct their reviews to ensure state eligibility staff have applied proper policy in determining eligibility and issuing the correct monthly subsidy payment. If a discrepancy is discovered, detailed information surrounding the cause of the error is sent to state eligibility staff for corrections. PAQC will issue a monthly error trend report to the Division of Child Care and Division of Family Support. This report would identify each case in error, the elements contributing to the error, if it contained an improper payment, and a summary of findings from PAQC staff. This information will be used to determine a monthly error rate percentage and to establish error trends of state eligibility staff, which may lead to additional training and/or policy revisions. The IEES online portal allows Kentucky's families access to public assistance benefits such as Supplemental Nutrition Assistance Program (SNAP), Kentucky Transitional Assistance Program (KTAP), Medicaid and Child Care Assistance Program (CCAP). The system shares and conducts a data match across eligibility programs to validate demographic details (e.g. income, address, and social security numbers of children, parents, and childcare providers). The IEES System generated reports access data to validate and report any inconsistencies. The Provider and Applicant Validation analyzes the employee master file and vendor master file for duplication or records, unusual relationships, potential conflicts of interests between vendors and employees and other anomalies. The Lead Agency staff conduct an analysis of invoices; Billing forms (DCC-97), Claims and payment; Attendance Records (DCC-94E) to identify trends and anomalies resulting in unauthorized disbursements, duplicate payments, potential over-payments, theft, and misappropriation of funds.**

Citation: Division of Child Care (DCC) / Child Care Assistance Program (CCAP) / Claims Section, KRS Chapter 45.453 Budget and Financial Administrations,
The Division of Administration and Financial Management (DAFM), Policy and Program Administration Branch, DGA & DAFM- ACF-696 Financial Report,

The Public Assistance Quality Control (PAQC) Review Branch, within the Office of the Ombudsman and Administrative Review, Monthly Error Trend Report, Child Care Aware Network, Services of Coaching, Technical Support, and Training all to support Program Integrity & Accountability, Office of the Inspector General (OIG) to investigate fraud & pursue prosecution through the court system, Kentucky Integrated Child Care System (KICCS), and Integrated Eligibility & Enrollment System (IEES).

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **The Division of Administration and Financial Management (DAFM), Policy and Program Administration Branch is responsible for fiscal oversight and monitoring of grants and contracts. DAFM administers the Personal Service Contracts (PSC's), Memorandum of Agreements (MOA's), and Memorandum of Understandings (MOU'S); development and issuance of competitive solicitations or RFP's; contract monitoring functions; coordination of federal formula and block grant applications and their electronic archiving; and review of OMB A-133 audit reports from sub recipients of federal funds. DAFM also works with the state's Division of General Accounting (DGA) to ensure that earmark requirements, Maintenance of Effort (MOE), and State Match requirements are met. These two agencies work in a combined effort to periodically check the earmark requirements for compliance and maintain an analysis spreadsheet that tracks this information.**

Citation: KRS Chapter 45.453 Budget and Financial Administrations & The Division of Administration and Financial Management (DAFM), Policy and Program Administration Branch.

- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **In addition, DGA and DAFM work together to submit the ACF-696 Financial Report. This report tracks all expenditures for every funding source with the program and is submitted quarterly for each Program Period that is still open. The report is submitted within 30 days of the end of the Quarter.**

Citation: DGA & DAFM- ACF-696 Financial Report.

- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **The Public Assistance Quality Control (PAQC) Review Branch, within the Office of the Ombudsman and Administrative Review, will conduct a monthly random sample of 23 cases. PAQC staff will conduct their reviews to ensure state eligibility staff have applied proper policy in determining eligibility and issuing the correct monthly subsidy payment. If a discrepancy is discovered, detailed information surrounding the cause of the error is sent to state eligibility staff for corrections. PAQC will issue a monthly error trend report to the Division of Child Care and Division of Family Support. This report would identify each case in error, the elements contributing to the error, if it contained an improper payment, and a summary of findings from PAQC staff. This information will be used to determine a monthly error rate percentage and to establish error trends of state eligibility staff, which may lead to additional training and/or policy revisions.**

Citation: KRS Chapter 45.453 Budget and Financial Administrations, The Division of Administration and Financial Management (DAFM), Policy and Program Administration Branch, and The Public Assistance Quality Control (PAQC) Review Branch, within the Office of the Ombudsman and Administrative Review.

- d. Other. Describe: **N/A**

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **The Division of Administration and Financial Management (DAFM), Policy and Program Administration Branch work in a combined effort to periodically check the earmark requirements for compliance and maintain an analysis spreadsheet that tracks this information.**

Citation: The Division of Administration and Financial Management (DAFM), Policy and Program Administration Branch is responsible for fiscal oversight and monitoring of grants and contracts. DAFM administers the Personal Service Contracts (PSC's), Memorandum of Agreements (MOA's), and Memorandum of Understandings (MOU'S), development and issuance of competitive solicitations or RFP's.

- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **DAFM budget staff is responsible for the compilation and submission of the biennial budget for grant programs; monthly monitoring of financial activity; budget modifications and realignments; and contract funding verification. Contract monitoring functions; coordination of federal formula and block grant applications and their electronic archiving; and review of OMB A-133 audit reports from sub recipients of federal funds. DAFM also works with the state's Division of General Accounting (DGA) to ensure that earmark requirements, Maintenance of Effort (MOE), and State Match requirements are met.**

Citation: The Division of Administration and Financial Management (DAFM).

- c. How the results inform implementation. Describe: **The ACF-696 Financial Report tracks all**

expenditures for every funding source with the program and is submitted quarterly for each Program Period that is still open. The report is submitted within 30 days of the end of the Quarter.

Citation: DGA and DAFM work together to submit the ACF-696 Financial Report.

- d. Other. Describe: **N/A**

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **Division of Child Care (DCC) / Child Care Assistance Program (CCAP) / Claims Section Kentucky Integrated Child Care System (KICCS) and Integrated Eligibility & Enrollment System (IEES). The Child Care Eligibility determination transitioned to IEES on October 1, 2017. IEES allows Kentucky's families to easily access public assistance benefits and information 24/7 through an on-line application and account. To ensure accuracy in eligibility determination, cases processed by an eligibility worker without case decision requires supervisor review. Program policy requires random case reviews to ensure consistency in application of eligibility determination guidelines.**

These are some of the mechanisms used to identify inconsistencies: DCC-94E, Child Care Daily Attendance Record, DCC-97, Provider Billing Form, 100% Attendance Report, Hotline Referrals from OIG, & Regulation.

Citation: 922 KAR 2:020; 922KAR 2:160

- b. The frequency of each risk assessment. Describe: **Risk assessments are conducted each month on a random sampling of 100% attendance reported. Assessments are also completed on a case-by-case basis.**

These are some of the mechanisms used to identify inconsistencies: DCC-94E, Child Care Daily Attendance Record, DCC-97, Provider Billing Form, 100% Attendance Report, Hotline Referrals from OIG, & Regulation.

Citation: 922 KAR 2:020; 922KAR 2:160

- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **Department-level oversight for policy, state plans, and regulation work is the ultimate responsibility of the Department for Community Based Services Commissioner's Office. The Department of Administration and Financial Management (DAFM) is responsible for contract monitoring functions including monthly monitoring of financial activity; budget modifications and realignments; and contract funding verification. Contract and Budget staff are required to complete procurement, budget, and grant training.**

These are some of the mechanisms used to identify inconsistencies: DCC-94E, Child Care Daily Attendance Record, DCC-97, Provider Billing Form, 100% Attendance Report, and 10th of the month Report.

- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **The IEES online portal allows Kentucky's families access to public assistance benefits such as Supplemental Nutrition Assistance Program (SNAP), Kentucky Transitional Assistance Program (KTAP), Medicaid and Child Care Assistance Program (CCAP). The system shares and conducts a data match across eligibility programs to validate demographic details (e.g. income, addresses and social security numbers) of children, parents, and childcare providers. The Claims Section receives documented findings and reviews for potential processing of Claim establishment. Findings of trends or anomalies decrease as well as fewer claims established.**

Child Care Aware Network of Services Coaches conduct follow-ups with Providers around best practices of Technical Assistance and Training to support program integrity and accountability.

Citation: Child Care Claims Procedures Manual, Administrative Hearings for Claims Appeals. Policy Manual, MS 6050 IPV Disqualification Penalties. 922 KAR 2:020. Child Care Assistance Program (CCAP) improper payments, claims, and penalties.

- e. Other. Describe: **N/A**

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
- i. Describe the training provided to staff members around CCDF program requirements and program integrity: **There is CCAP Training for new eligibility staff. Upon hire Staff are considered non-case decision workers that must have all of their casework evaluated by a senior worker. Work of case decision workers is evaluated monthly through a quality control review process for accuracy. There are also regular policy and training meetings to review error trends and discuss ways to improve training materials for effectiveness. CCAP staff use the Claims Policy and Procedure Manual as one of the tools for internal training and knowledge base of processes. There is also a CCAP refresher course.**

The Department of Administration and Financial Management (DAFM) is responsible for contract monitoring functions including monthly monitoring of financial activity; budget modifications and realignments; and contract funding verification. Contract and Budget staff are required to complete procurement, budget, and grant training.

Division of Child Care (DCC) /Child Care Assistance Program (CCAP) Claims

Reference Guide and annual Provider Billing Training are used to inform staff of program requirements and integrity.

- ii. Describe how staff training is evaluated for effectiveness: **New eligibility staff are required to complete CCAP Training on internal processes. These eligibility staff are considered non-case decision workers that must have all of their casework evaluated by a senior worker. Work of case decision workers is evaluated monthly through a quality control review process for accuracy. There are also regular policy and training meetings to review error trends and discussion ways to improve training materials for effectiveness.**

All staff use the Claims Policy and Procedure Manual for internal training and processes.

Citation: DCC-94E, Child Care Daily Attendance Record, DCC-97, Provider Billing Form, 100% Attendance Report, annual Provider Billing Training, and 10th of the month Report.

- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **DCBS Policy Staff conducts policy panels to train staff and support program integrity and accountability. Child Care Aware Network of Services Coaches conduct follow-ups with Providers around best practices of Technical Assistance and Training to support program integrity and accountability.**

- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

- i. Describe the training for providers around CCDF program requirements and program integrity: **The Child Care Aware of Kentucky staff serves to coach providers and conducts follow-up TA and training to support program integrity and accountability in proper attendance procedures. The CCAP Claim's staff reviews data and reports (e.g., 100% Attendance Report and 10th of the month report) to determine areas of concern and then uses the gathered information to support providers with "one on one" coaching so they can correctly complete daily attendance records and bill accurately, to prevent future claims. Providers receiving CCDF funding are also required to take an annual "Billing Basics" training. Provider feedback and CCAP Policy is then used to update the training yearly and serves as an instruction tool that covers everything related to the CCAP billing process. Providers are also sent policy updates through Listserv, the portal "Splash" page and they are also invited to attend regular Town Hall meetings which address key "hot topics".**

Citation: 922 KAR 2:160, Annual Provider Billing Training and DCBS Policy Training for staff.

- ii. Describe how provider training is evaluated for effectiveness: **Citation: 100% Attendance Report, annual Provider Billing Training, and 10th of the month Report.**

Providers are able to give feedback when completing the annual "Billing Basics" training, which is used to clarify information or address areas in which providers are struggling. CCAP providers are also able to directly reach out to the CCAP Billing team with questions regarding capturing attendance, billing codes, billing issues, etc. These questions can then be used to identify problematic areas that need to be addressed in trainings.

All staff use the Claims Policy and Procedure Manual as one of the tools for internal training and knowledge base of processes.

- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **Program Integrity data that is received from the 100% Attendance Report and the 10th of the month report can be used to catch error trends. This data opens the way for a "one on one" coaching session with providers and provides content that can be added to annual trainings and regular Town Hall meetings.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Division of Child Care (DCC) / Child Care Assistance Program (CCAP) / Claims Section, Kentucky Integrated Child Care System (KICCS), Integrated Eligibility & Enrollment System (IEES), 100% Attendance Report, Delinquent Past Due Claims Report, Individual and Client Claims Report, Provider Repayment Agreement, & Report Delinquent Payment for 90 days KY Revenue Cabinet for State Tax Offset.**

All of the above listed reports are utilized to identify anomalies, improve processes, and internal controls. Information is shared with partners as well as providers through e-mail, ListServ, and individual e-mail contact, if required.

Citation: Division of Child Care (DCC) / Child Care Assistance Program (CCAP) Claims Reference Guide and 10th of the Month Report.
<https://apps.legislature.ky.gov/law/kar/titles/922/002/020/>

- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **922 KAR 2:160 and 922 KAR 2:020 or an agency error that provided the child care provider with an overpayment. The Division of Child Care Claims Section is responsible for determining if a**

claim exists and establishing and maintaining the claim file.

Citation: Division of Child Care (DCC) / Child Care Assistance Program (CCAP) Claims Reference Guide;

922 KAR 2:160 (<https://apps.legislature.ky.gov/law/kar/titles/922/002/160/>)

922 KAR 2:020 (<https://apps.legislature.ky.gov/law/kar/titles/922/002/020/>)

- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **N/A**

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. ☐ No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.
- b. ☒ Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **The DCC Claims team identified a weakness in an internal control. An identified trend was providers not making payments on delinquent claims. CCAP subsidy payments were still being made to providers, even though their claims status was delinquent. To close the gap between the Claims team and Billing team, the Division made internal system changes that literally "flagged" each delinquent provider and "paused" their subsidy payment until their claim could be reviewed by the Claims team. Once a determination is made, the Billing team releases the payment if applicable. This simple system change has decreased the number of delinquent claims as a whole.**

Additionally, through case reviews and staff trainings, internal weaknesses have been identified. The primary indicator identified as a weakness through case review is case calculation error (i.e., earned income, unearned income, and payment calculation errors).

As a measure of strengthening internal controls, policy panels are scheduled to discuss internal weaknesses and newly incorporated policies and procedures. Staff also use the Child Care Assistance Program Policy Manual, Claims Policy and Procedure Manual for internal training and processes. Additionally, there are regular policy and training meetings to review error trends and ways to improve training materials for effectiveness. These measures help to ensure the integrity of CCDF funds and practices.

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. **[x]** Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The IEES online portal allows Kentucky's families access to public assistance benefits such as Supplemental Nutrition Assistance Program (SNAP), Kentucky Transitional Assistance Program (KTAP), Medicaid and Child Care Assistance Program (CCAP). The system shares and conducts a data match across eligibility programs to validate demographic details (e.g. income, addresses and social security numbers) of children, parents, and childcare providers. The Claim's Section receives documented findings and reviews for potential processing of Claim establishment. Office of Inspector General (OIG) investigates further fraudulent activities of over \$5,000 (Applicants) and \$10,000 (Child Care Providers) for potential prosecution.**

Citation: Child Care Claims Procedures Manual, Administrative Hearings for Claims Appeals. Policy Manual, MS 6050 IPV Disqualification Penalties. 922 KAR 2:020. Child Care Assistance Program (CCAP) improper payments, claims, and penalties.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The IEES online portal allows Kentucky's families access to public assistance benefits such as Supplemental Nutrition Assistance Program (SNAP), Kentucky Transitional Assistance Program (KTAP), Medicaid and Child Care Assistance Program (CCAP). The system shares and conducts a data match across eligibility programs to validate demographic details (e.g. income, addresses and social security numbers) of children, parents, and childcare providers. The Claim's Section receives documented findings and reviews for potential processing of Claim establishment. Office of Inspector General (OIG) investigates further fraudulent activities of over \$5,000 (Applicants) and \$10,000 (Child Care Providers) for potential prosecution.**

Citation: Child Care Claims Procedures Manual, Administrative Hearings for Claims Appeals. Policy Manual, MS 6050 IPV Disqualification Penalties. 922 KAR 2:020. Child Care Assistance Program (CCAP) improper payments, claims, and penalties.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The IEES online portal allows Kentucky's families access to public assistance benefits such as Supplemental Nutrition Assistance Program (SNAP), Kentucky Transitional Assistance Program (KTAP), Medicaid and Child Care Assistance Program (CCAP). The system shares and conducts a data match across eligibility programs to validate demographic details (e.g. income, addresses and social security numbers) of children, parents, and childcare providers. The Claim's Section receives documented findings and reviews for potential processing of Claim establishment. Office of Inspector General (OIG)**

investigates further fraudulent activities of over \$5,000 (Applicants) and \$10,000 (Child Care Providers) for potential prosecution.

Citation: Citation: Child Care Claims Procedures Manual, Administrative Hearings for Claims Appeals. Policy Manual, MS 6050 IPV Disqualification Penalties. 922 KAR 2:020. Child Care Assistance Program (CCAP) improper payments, claims, and penalties.

b. **[x]** Run system reports that flag errors (include types).

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The IEES system generates reports access data to validate and report any inconsistencies. The Provider and Applicant Validation analyzes the employee master file and vendor master file for duplication or records, unusual relationships, potential conflicts of interests between vendors and employees and other anomalies. The Child Care Payment Analyst conduct an analysis of invoices, claims and payment records to identify trends and anomalies resulting in unauthorized disbursements, duplicate payments, potential over-payments, theft, and misappropriation of funds. Case reviews and interviews are conducted for Inadvertent Error (IE) determination. An Error occurs when there is a misunderstanding or an unintended error by the recipient causing a Claim. The Agency utilizes the data match system to generate a 100% attendance report that flag attendance anomalies with Child Care Providers that may lead to IE, duplicate payments, over-payments, or other potentially fraudulent activities.**

Citation: Child Care Claims Procedures Manual, Administrative Hearings for Claims Appeals. Policy Manual, MS 6050 IPV Disqualification Penalties. 922 KAR 2:020. Child Care Assistance Program (CCAP) improper payments, claims, and penalties.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The IEES system generates reports access data to validate and report any inconsistencies. The Provider and Applicant Validation analyzes the employee master file and vendor master file for duplication or records, unusual relationships, potential conflicts of interests between vendors and employees and other anomalies. The Child Care Payment Analyst conduct an analysis of invoices, claims and payment records to identify trends and anomalies resulting in unauthorized disbursements, duplicate payments, potential over-payments, theft, and misappropriation of funds. Case reviews and interviews are conducted for Inadvertent Error (IE) determination. An Error occurs when there is a misunderstanding or an unintended error by the recipient causing a Claim. The Agency utilizes the data match system to generate a 100% attendance report that flag attendance anomalies with Child Care Providers that may lead to IE, duplicate payments, over-payments, or other potentially fraudulent activities.**

Citation: Child Care Claims Procedures Manual, Administrative Hearings for Claims Appeals. Policy Manual, MS 6050 IPV Disqualification Penalties. 922 KAR 2:020.

Child Care Assistance Program (CCAP) improper payments, claims, and penalties.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The IEES system generates reports access data to validate and report any inconsistencies. The Provider and Applicant Validation analyzes the employee master file and vendor master file for duplication or records, unusual relationships, potential conflicts of interests between vendors and employees and other anomalies. The Child Care Payment Analyst conduct an analysis of invoices, claims and payment records to identify trends and anomalies resulting in unauthorized disbursements, duplicate payments, potential over-payments, theft, and misappropriation of funds. Case reviews and interviews are conducted for Inadvertent Error (IE) determination. An Error occurs when there is a misunderstanding or an unintended error by the recipient causing a Claim. The Agency utilizes the data match system to generate a 100% attendance report that flag attendance anomalies with Child Care Providers that may lead to IE, duplicate payments, over-payments, or other potentially fraudulent activities.**

Citation: Child Care Claims Procedures Manual, Administrative Hearings for Claims Appeals. Policy Manual, MS 6050 IPV Disqualification Penalties. 922 KAR 2:020. Child Care Assistance Program (CCAP) improper payments, claims, and penalties.

- c. **[x]** Review enrollment documents and attendance or billing records.

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Designated Lead Agency staff during a review may request from the provider enrollment and attendance sign in sheets (DCC-97E) for comparison to the Kentucky Integrated Child Care System (KICCS) billing and payment records for errors and potential fraud or overpayment. The Claims Section processes documented findings of fraud and, if over \$5,000 (Applicants) and \$10,000 (Child Care Providers), the Office of Inspector General (OIG) conducts further investigation and potential prosecution.**

Some of the mechanisms used to identify violations are: DCC-94E, Child Care Daily Attendance Record, DCC-97, Provider Billing Form, and 100% Attendance Report.

Citation: 922 KAR 2:160

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Designated Lead Agency staff during a review may request from the provider enrollment and attendance sign in sheets (DCC-97E) for comparison to the Kentucky Integrated Child Care System (KICCS) billing and payment records for errors and potential fraud or overpayment. The Claims Section processes documented findings of fraud and, if over \$5,000 (Applicants) and \$10,000 (Child Care Providers), the Office of Inspector General (OIG) conducts further investigation and potential prosecution.**

Some of the mechanisms used to identify violations are: DCC-94E, Child Care Daily Attendance Record, DCC-97, Provider Billing Form, and 100% Attendance Report.

Citation: 922 KAR 2:160

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Designated Lead Agency staff during a review may request from the provider enrollment and attendance sign in sheets (DCC-97E) for comparison to the Kentucky Integrated Child Care System (KICCS) billing and payment records for errors and potential fraud or overpayment. The Claims Section processes documented findings of fraud and, if over \$5,000 (Applicants) and \$10,000 (Child Care Providers), the Office of Inspector General (OIG) conducts further investigation and potential prosecution.**

Some of the mechanisms used to identify violations are: DCC-94E, Child Care Daily Attendance Record, DCC-97, Provider Billing Form, and 100% Attendance Report.

Citation: 922 KAR 2:160

- d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The IEES online portal allows Kentucky's families access to public assistance benefits such as Supplemental Nutrition Assistance Program (SNAP), Kentucky Transitional Assistance Program (KTAP), Medicaid and Child Care Assistance Program (CCAP). The system shares and conducts a data match across eligibility programs to validate demographic details (e.g. income, addresses and social security numbers) of children, parents, and childcare providers. The Claim's Section receives documented findings and reviews for potential processing of Claim establishment. Office of Inspector General (OIG) investigates further fraudulent activities of over \$5,000 (Applicants) and \$10,000 (Child Care Providers) for potential prosecution.**

Designated Lead Staff complete audits. They are each reviewed by the supervisor for quality assurance and accuracy.

Citation: Child Care Claims Procedures Manual, Administrative Hearings for Claims Appeals. Policy Manual, MS 6050 IPV Disqualification Penalties. 922 KAR 2:020. Child Care Assistance Program (CCAP) improper payments, claims, and penalties.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The IEES online portal allows Kentucky's families access to public assistance benefits such as Supplemental Nutrition Assistance Program (SNAP), Kentucky Transitional Assistance Program (KTAP), Medicaid and Child Care Assistance Program (CCAP). The system shares and conducts a data match across eligibility programs to validate demographic details (e.g. income, addresses and social security numbers) of children, parents, and childcare providers. The Claim's Section receives documented findings and reviews for potential processing of Claim establishment. Office of Inspector General (OIG) investigates further fraudulent activities of over \$5,000 (Applicants) and \$10,000 (Child Care Providers) for potential prosecution.**

Designated Lead Staff complete audits. They are each reviewed by the supervisor

for quality assurance and accuracy.

Citation: Child Care Claims Procedures Manual, Administrative Hearings for Claims Appeals. Policy Manual, MS 6050 IPV Disqualification Penalties. 922 KAR 2:020. Child Care Assistance Program (CCAP) improper payments, claims, and penalties.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The IEES online portal allows Kentucky's families access to public assistance benefits such as Supplemental Nutrition Assistance Program (SNAP), Kentucky Transitional Assistance Program (KTAP), Medicaid and Child Care Assistance Program (CCAP). The system shares and conducts a data match across eligibility programs to validate demographic details (e.g. income, addresses and social security numbers) of children, parents, and childcare providers. The Claim's Section receives documented findings and reviews for potential processing of Claim establishment. Office of Inspector General (OIG) investigates further fraudulent activities of over \$5,000 (Applicants) and \$10,000 (Child Care Providers) for potential prosecution.**

Designated Lead Staff complete audits. They are each reviewed by the supervisor for quality assurance and accuracy.

Citation: Child Care Claims Procedures Manual, Administrative Hearings for Claims Appeals. Policy Manual, MS 6050 IPV Disqualification Penalties. 922 KAR 2:020. Child Care Assistance Program (CCAP) improper payments, claims, and penalties.

- e. **[x]** Audit provider records.

- i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency utilizes the data match system to generate a 100% attendance report that flag attendance anomalies with Child Care Providers that may lead to IE, duplicate payments, over-payments, or other potentially fraudulent activities. Designated Lead Agency staff may audit provider records upon report or detection of potential fraud.**

Some of the tools used for detecting anomalies are: DCC-94E, Child Care Daily Attendance Record, DCC-97, Provider Billing Form, and 100% Attendance Report.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency utilizes the data match system to generate a 100% attendance report that flag attendance anomalies with Child Care Providers that may lead to IE, duplicate payments, over-payments, or other potentially fraudulent activities. Designated Lead Agency staff may audit provider records upon report or detection of potential fraud.**

Some of the tools used for detecting anomalies are: DCC-94E, Child Care Daily Attendance Record, DCC-97, Provider Billing Form, and 100% Attendance Report.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency utilizes the data match system to generate a 100% attendance report that flag attendance anomalies with Child**

Care Providers that may lead to IE, duplicate payments, over-payments, or other potentially fraudulent activities. Designated Lead Agency staff may audit provider records upon report or detection of potential fraud.

Some of the tools used for detecting anomalies are: DCC-94E, Child Care Daily Attendance Record, DCC-97, Provider Billing Form, and 100% Attendance Report.

f. ☒ Train staff on policy and/or audits.

i. ☒ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency utilizes the data match system to generate a 100% attendance report that flag attendance anomalies with Child Care Providers that may lead to IE, duplicate payments, over-payments, or other potentially fraudulent activities. Designated Lead Agency staff may audit provider records upon report or detection of potential fraud.**

Some of the tools used for detecting anomalies are: DCC-94E, Child Care Daily Attendance Record, DCC-97, Provider Billing Form, and 100% Attendance Report, Child Care Service Agreement, Annual Provider Billing Training and DCBS Policy Training for staff.

ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency utilizes the data match system to generate a 100% attendance report that flag attendance anomalies with Child Care Providers that may lead to IE, duplicate payments, over-payments, or other potentially fraudulent activities. Designated Lead Agency staff may audit provider records upon report or detection of potential fraud.**

Some of the tools used for detecting anomalies are: DCC-94E, Child Care Daily Attendance Record, DCC-97, Provider Billing Form, and 100% Attendance Report, Child Care Service Agreement, Annual Provider Billing Training and DCBS Policy Training for staff.

iii. ☒ Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency utilizes the data match system to generate a 100% attendance report that flag attendance anomalies with Child Care Providers that may lead to IE, duplicate payments, over-payments, or other potentially fraudulent activities. Designated Lead Agency staff may audit provider records upon report or detection of potential fraud.**

Some of the tools used for detecting anomalies are: DCC-94E, Child Care Daily Attendance Record, DCC-97, Provider Billing Form, and 100% Attendance Report, Child Care Service Agreement, Annual Provider Billing Training and DCBS Policy Training for staff.

g. ☒ Other. Describe the activity(ies): **Non fraud claims are over-payments caused by an inadvertent or non-deliberate action on the part of a recipient or provider. Office of Inspector General (OIG), may return claims to the Lead Agency that do not meet the acceptance criteria of (i.e. less than \$5,000.00 for individuals or \$10,000.00 for Providers) without court action. The Lead Agency treat these claims as Inadvertent Error (IE) (non-**

fraud claims). Situations that may cause an Inadvertent Error claim include:

☒The recipient of childcare subsidy funds unintentionally fails to provide the service agent staff with correct or complete information.

☒The recipient unintentionally fails to report a change that impact childcare benefits to the Cabinet for Health & Family Services, Community Based Services staff.

☒A provider unintentionally fails to notify the Community Based Services staff of temporary operational changes or of circumstances, which affect payments for children receiving subsidies.

The Lead Agency utilizes the data match system to generate a 100% attendance report that flag attendance anomalies with Child Care Providers that may lead to IE, duplicate payments, over-payments, or other potentially fraudulent activities.

- i. ☐ Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
- ii. ☒ Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **New eligibility staff are required to complete CCAP Training on internal processes. These eligibility staff are considered non-case decision workers that must have all of their casework evaluated by a senior worker. Work of case decision workers is evaluated monthly through a quality control review process for accuracy. There are also regular policy and training meetings to review error trends and discussion ways to improve training materials for effectiveness.**

Staff also use the Claims Policy and Procedure Manual to gain knowledge of processes and as a training resource.

Other mechanisms used to improve unintentional program violations: DCC-94E, Child Care Daily Attendance Record, DCC-97, Provider Billing Form, 100% Attendance Report, annual Provider Billing Training, and 10th of the month Report.

Above activities are used to monitor and evaluate unintentional program violations, training needs, and compliance.

- iii. ☐ Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **Agencies under the Cabinet for Health & Family Services responsible for pursuing fraud and over-payments include: Division of**

Family Support, Claims Management Section and the Division of Child Care, Claims Section. The Office of Inspector General (OIG) is the entity within the Cabinet for Health and Family Services that investigates alleged fraud cases of, over \$5,000 (Applicants) and \$10,000 (Child Care Providers) and pursues prosecution through the court system.

- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
- i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **A Claim is categorized as fraud after the case has been adjudicated in court and the client/provider has been convicted of fraud by a court of law. The Office of Inspector General (OIG) is the entity within the Cabinet for Health and Family Services that investigates alleged fraud cases and pursues prosecution through the court system. If the claim amount estimation is or exceeds \$5,000 (Individual) and \$10,000 (Provider) and there is suspicion of fraud, a referral goes to the OIG for further investigation and possible prosecution by completion of the DCC-99A OIG Fraud Referral. The Claims Section receives documented findings and reviews for potential processing of claim establishment. Case reviews and interviews are conducted for Inadvertent Error (IE) determination. An Error occurs when there is a misunderstanding or an unintended error by the recipient causing a Claim.**
 - ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
 - iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Repayment agreements are sent to the Individual/Provider if a Claim has been determined to be an agency error or error (non-fraud). If an individual, who is a Child Care Provider, submits a completed DCC-97 Supplement A, Voluntary Payment Reduction, indicating the amount the Provider wishes to have applied to the Claim, the Child Care Provider currently receiving CCAP payment may choose to have an amount withheld from the Provider's CCAP payment to be applied towards the Claim. The amount indicated on the DCC-97 shall not be less than ten (10%) percent of the total CCAP payment. All Repayment agreements must be in writing on the DCC-98.**

Citation: 922 KAR 2:020. Child Care Assistance Program (CCAP) Collection of a Claim, DCC-97 Supplement A, Voluntary Payment Reduction, and DCC-98 Repayment Agreement.
<https://apps.legislature.ky.gov/law/kar/titles/922/002/020/>
 - iv. ☐ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
 - v. ☒ Recover through State/Territory tax intercepts. Describe the activities and the

results of these activities based on the most recent analysis: **Claim (Applicant) payments delinquent for 90 calendar days automatically go through the eligibility system to the Kentucky Revenue Service for state tax offset.**

- vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **Non fraud claims are over-payments caused by an inadvertent or non-deliberate action on the part of a recipient or provider. Office of Inspector General (OIG), may return claims that do not meet the acceptance criteria of Office of the Inspector General (OIG), (i.e. less than \$5,000.00 for individuals or \$10,000.00 for Providers) without court action. These are Inadvertent Error (IE) (non-fraud claims). Situations that may cause an Inadvertent Error claim include:**
 - ☒ The recipient of childcare subsidy funds unintentionally fails to provide the service agent staff with correct or complete information.
 - ☒ The recipient unintentionally fails to report a change that impact childcare benefits to the Cabinet for Health & Family Services, Community Based Services staff.
 - ☒ A provider unintentionally fails to notify the service agent of temporary operational changes or of circumstances, which affect payments for children receiving subsidies.

viii. ☐ Other. Describe the activities and the results of these activities:

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

☐ No.

☒ Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

- i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **A Claim is categorized as fraud after the case has been adjudicated in court and the client/provider has been convicted of fraud by a court of law. The Office of Inspector General (OIG) is the entity within the Cabinet for Health and Family Services that investigates alleged fraud cases and pursues prosecution through the court system. If the claim amount estimation is or exceeds \$5,000 (Individual) and \$10,000 (Provider) and there is suspicion of fraud, a referral goes to the OIG for further investigation and possible prosecution by completion of the DCC-99A OIG Fraud Referral. The Claims Section receives documented findings and reviews for potential processing of claim establishment. Case reviews and interviews are conducted for**

Inadvertent Error (IE) determination. An Error occurs when there is a misunderstanding or an unintended error by the recipient causing a Claim.

- ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
- iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Repayment agreements are sent to the Individual/Provider if a Claim has been determined to be an agency error or error (non-fraud). If an individual, who is a Child Care Provider, submits a completed DCC-97 Supplement A, Voluntary Payment Reduction, indicating the amount the Provider wishes to have applied to the Claim, the Child Care Provider currently receiving CCAP payment may choose to have an amount withheld from the Provider's CCAP payment to be applied towards the Claim. The amount indicated on the DCC-97 shall not be less than ten (10%) percent of the total CCAP payment. All Repayment agreements must be in writing on the DCC-98.**

Citation: 922 KAR 2:020. Child Care Assistance Program (CCAP) Collection of a Claim (<https://apps.legislature.ky.gov/law/kar/titles/922/002/020/>)

Citation: 922 KAR 2:160 DCC-97 Supplement A, Voluntary Payment Reduction, and DCC-98 Repayment Agreement.

(<https://apps.legislature.ky.gov/law/kar/titles/922/002/160/>)

- iv. ☐ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
- v. ☒ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **Claim (Applicant) payments delinquent for 90 calendar days automatically go through the eligibility system to the Kentucky Department of Revenue for state tax intercept.**
- vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
- vii. ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
- viii. ☐ Other. Describe the activities and the results of these activities:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

☐ No.

☒ Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i. ☒ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of

these activities based on the most recent analysis: **Non fraud claims are overpayments caused by an inadvertent or non-deliberate action on the part of a recipient or provider. Office of Inspector General (OIG), may return claims that do not meet the acceptance criteria of Office of the Inspector General (OIG), (i.e. less than \$5,000.00 for individuals or \$10,000.00 for Providers) without court action. These are Inadvertent Error (IE) (non-fraud claims). Situations that may cause an Inadvertent Error claim include:**

☒ **The recipient of childcare subsidy funds unintentionally fails to provide the service agent staff with correct or complete information.**

☒ **The recipient unintentionally fails to report a change that impact childcare benefits to the Cabinet for Health & Family Services, Community Based Services staff.**

☒ **A provider unintentionally fails to notify the service agent of temporary operational changes or of circumstances, which affect payments for children receiving subsidies.**

- ii. ☐ Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

- iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Repayment agreements are sent to the Individual/Provider if a Claim has been determined to be an agency error or error (non-fraud). If an individual, who is a Child Care Provider, submits a completed DCC-97 Supplement A, Voluntary Payment Reduction, indicating the amount the Provider wishes to have applied to the Claim, the Child Care Provider currently receiving CCAP payment may choose to have an amount withheld from the Provider's CCAP payment to be applied towards the Claim. The amount indicated on the DCC-97 shall not be less than ten (10%) percent of the total CCAP payment. All Repayment agreements must be in writing on the DCC-98. Citation: 922 KAR 2:020. Child Care Assistance Program (CCAP) Collection of a Claim.**

Citation: 922 KAR 2:020. Child Care Assistance Program (CCAP) Collection of a Claim (<https://apps.legislature.ky.gov/law/kar/titles/922/002/020/>)

Citation: 922 KAR 2:160 DCC-97 Supplement A, Voluntary Payment Reduction, and DCC-98 Repayment Agreement.

(<https://apps.legislature.ky.gov/law/kar/titles/922/002/160/>)

- iv. ☐ Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

- v. ☒ Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis: **Claim (Applicant) payments delinquent for 90 calendar days automatically go through the eligibility system to the Kentucky Department of Revenue for state tax intercept.**

- vi. ☐ Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

- vii. ☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities

based on the most recent analysis:

- viii. ☐ Other. Describe the activities and the results of these activities:
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

- i. ☒ Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **When a recipient/provider is determined to have committed an Intentional Program Violation (IPV), the State Approved Agency imposes a disqualification and sends a Notice of Disqualification.**

A disqualification penalty shall adhere to the follow guidelines:
12 months disqualification for the first occurrence,
24 months for the second occurrence; and
Permanently disqualified for the third occurrence; or
The length of penalty assigned by court.

If a recipient/provider disagrees with the claim, they may request a hearing. All completed claim forms are sent to central office claims section so claim collections may be suspended if appeal is within a 30-day time frame of the establishment of the claim. If the appeal is timely but meets good cause criteria by Quality Assurance for hearing, collections will be suspended upon notification. Any hearing where a client has legal representation the hearing officer must request legal assistance to assist in these cases.

Citation: 922 KAR 2:020. Child Care Assistance Program (CCAP) improper payments, claims, and penalties, Section 8.
<https://apps.legislature.ky.gov/law/kar/titles/922/002/020/>

- ii. ☒ Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **An administrative hearing is a formal process by which any applicant, recipient, or provider may appeal, and action or inaction taken by the agency which they do not agree. Information regarding hearing rights is included on various agency forms mailed or given to the applicant/recipient or provider. Impartial hearing officers conduct the Hearings.**

Citation: 922 KAR 2:020. Child Care Assistance Program (CCAP) improper payments, claims, and penalties.
<https://apps.legislature.ky.gov/law/kar/titles/922/002/020/>

- iii. ☒ Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **Citation: 922 KAR 2:020. Child Care Assistance Program (CCAP) improper payments, claims, and penalties.**
<https://apps.legislature.ky.gov/law/kar/titles/922/002/020/>

- iv. ☐ Other. Describe the activities and the results of these activities based on the most recent analysis:

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Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

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Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		

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