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

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Approved as of 2024-11-09 00:37:10 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.

Table of Contents

Overview	4
1 CCDF Program Administration	6
1.1 CCDF Leadership.....	6
1.2 CCDF Policy Decision Authority	7
1.3 Consultation in the Development of the CCDF Plan.....	10
2 Child and Family Eligibility and Enrollment and Continuity of Care	12
2.1 Reducing Barriers to Family Enrollment and Redetermination.....	12
2.2 Eligible Children and Families.....	14
2.3 Prioritizing Services for Vulnerable Children and Families	23
2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities	25
2.5 Promoting Continuity of Care.....	26
3 Child Care Affordability	31
3.1 Family Co-payments	31
3.2 Calculation of Co-Payment.....	33
3.3 Waiving Family Co-payment.....	34
4 Parental Choice, Equal Access, Payment Rates, and Payment Practices	35
4.1 Access to Full Range of Provider Options.....	35
4.2 Assess Market Rates and Analyze the Cost of Child Care.....	36
4.3 Adequate Payment Rates	40
4.4 Payment Practices to Providers.....	44
4.5 Supply Building.....	46
5 Health and Safety of Child Care Settings	49
5.1 Licensing Requirements	50
5.2 Ratios, Group Size, and Qualifications for CCDF Providers	51
5.3 Health and Safety Standards for CCDF Providers	54
5.4 Pre-Service or Orientation Training on Health and Safety Standards	65
5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements	67
5.6 Ongoing Health and Safety Training.....	72
5.7 Comprehensive Background Checks	73
5.8 Exemptions for Relative Providers	84
6 Support for a Skilled, Qualified, and Compensated Child Care Workforce	84
6.1 Supporting the Child Care Workforce	84
6.2 Professional Development Framework	86
6.3 Ongoing Training and Professional Development	88
6.4 Early Learning and Developmental Guidelines.....	89
7 Quality Improvement Activities	90
7.1 Quality Activities Needs Assessment.....	91
7.2 Use of Quality Set-Aside Funds	91

8	Lead Agency Coordination and Partnerships to Support Service Delivery.....	93
8.1	Coordination with Partners to Expand Accessibility and Continuity of Care.....	93
8.2	Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds.....	95
8.3	Coordination with Child Care Resource and Referral Systems.....	97
8.4	Public-Private Partnerships	98
8.5	Disaster Preparedness and Response Plan.....	99
9	Family Outreach and Consumer Education.....	100
9.1	Parental Complaint Process	100
9.2	Consumer Education Website	101
9.3	Increasing Engagement and Access to Information	106
9.4	Providing Information on Developmental Screenings.....	108
10	Program Integrity and Accountability	109
10.1	Effective Internal Controls.....	109
10.2	Fraud Investigation, Payment Recovery, and Sanctions	112
	Appendix 1: Lead Agency Implementation Plan	117
	Appendix 1: Form.....	118

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: **Lesa**
 - ii. Lead Agency Official Last Name: **Dennis**
 - iii. Title: **DCBS Commissioner**
 - iv. Phone Number: **502-564-3703**
 - v. Email Address: **lesa.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?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

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

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who monitors licensed providers?	[x]	[]	[]	[]	<p>[x] 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.</p> <p>Regional DRCC staff are responsible for conducting on-site visits and investigating complaints of all Kentucky</p>

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?	[x]	[]	[]	[]	[] Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who operates the quality improvement activities?	[x]	[]	[]	[x]	<p>[x] Describe: Family Child Care Network of Kentucky (FCCN) recruits and supports in-home care, families, and communities to increase and sustain access to quality early learning experiences. The FCCN provides ongoing support and technical assistance to in-home providers from "Start to All STARS" which includes guidance on health and safety, moving up in their QRIS rating, providing Strengthening Business Practices training, linking</p>

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
					providers to local resources, and conducting training and networking opportunities

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: **The Lead Agency utilizes the same contract format for all of its partners. Each contract clearly provides an Administrative Overview, Scope of Services (includes Reporting and Monitoring Requirements of the tasks to be performed), Pricing/Invoicing, Lead Agency General Terms and Conditions, Federal Requirements and Finance Terms and Conditions. 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. During each monthly meeting, the Lead Agency and contract vendor discusses all parts of the contract.**

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. Each contract clearly defines the budget and how those funds can be used including the amount that can be used for administrative expenses. The Lead Agency requires invoices to list how funds were spent by sub-functions which include salaries, fringe benefits, travel, services, rent/lease and administrative expenses. Each contractor invoices the Lead Agency on a monthly basis.**

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. Deliverables are discussed during each monthly meeting. Each contractor also provides monthly/quarterly reports detailing services provided, number of impacted families and providers, and results of their work. Each contract has an agreed upon metrics based on 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:

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.

The Family Child Care Network has compiled a list of all zoning requirements and fees across the state related to in-home family child care providers. This information has been provided to Kentucky's legislative body. During the 2024 General Session, House Bill (HB) 561 which requires the Cabinet for Economic Development to establish a Certified Child Care Communities Designation Program.

The Lead Agency will focus on how to better engage local governments by establishing relationships with the Kentucky League of Cities (KLC) and the Kentucky Association of Counties (KACO).

- 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-Calendars/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. The Kentucky Out of School Alliance (KYOSA) provided several comments to the draft plan. The Lead Agency incorporated more out of school time (OST) language to ensure all early childhood education perspectives were included. The Lead Agency also facilitates several meetings and provides a space for advocates to share information about what is happening in their respective roles.**

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/dCBS/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. Child Care Aware of Kentucky also shares any information the Lead Agency releases via various social media platforms. Child Care Aware of Kentucky also catalogs all DCC List Serv messages on their website that providers may access at any time. <https://www.childcareawareky.org/category/dcc-listserv/>**
 - 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 has been evaluated and determined to be physically and mentally incapable of caring for their self.**

For a child to be considered special needs, written verification must be provided by a qualified health professional, court order, similar documentation indicating the child is under court supervision, an Individual Education Program (IEP) provided by the school; or SSI Award Letter.

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: This includes families applying for CCAP that meet all technical eligibility requirements and have verified employment in a CHFS Regulated Licensed or Certified child care program. This "Protected Population" will be eligible to have ALL household income excluded for the CCAP application process. The Child Care Employee Exclusion is a provision for individuals applying for CCAP that are employed in child care. The 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.

Citation: CCAP Policy Manual Volume VIII (MS 3040)

- 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
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			
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. 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.**

All technical eligibility requirements for CCAP must be verified for those participating in the child care workforce service group. This includes a written statement from the employer that verifies place of employment, work hours and wages.

b. 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>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.</p> <p>Citation: CCAP Policy Manual Volume VIII (MS 1510)</p>

Required at Initial Determination	Required at Redetermination	Description
[x]	[]	<p>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.</p> <p>Citation: CCAP Policy Manual Volume VIII (MS 1510)</p>
[x]	[]	<p>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.</p> <p>Citation: CCAP Policy Manual Volume VIII (MS 3000)</p>
[x]	[x]	<p>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.</p> <p>All technical eligibility requirements for CCAP must be verified for those participating in the child care workforce service group. This includes a written statement from the employer that verifies place of employment, work hours and wages.</p> <p>Citation: CCAP Policy Manual Volume VIII (MS 3515)</p>
[x]	[x]	<p>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.</p> <p>Citation: CCAP Policy Manual Volume VIII (MS 2515)</p>

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	<p>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.</p> <p>Citation: CCAP Policy Manual Volume VIII (MS 3550)</p>
[x]	[x]	<p>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.</p> <p>Citation: CCAP Policy Manual Volume VIII (MS 1009)</p>
[x]	[]	<p>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.</p> <p>Citation: CCAP Policy Manual Volume VIII (MS 1009)</p>
[]	[]	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Families with very low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Children experiencing homelessness, as defined by CCDF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 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)

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
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

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

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **Other priority groups**

The Lead Agency prioritizes services for:

- **Families with verified employment in a CHFS Regulated Licensed or Certified child care program; and**
- **Children receiving Protective and Preventive services.**

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 (began November 17, 2023). 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=viewwbt>
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.**

DCC amended the DCC-113 - Facts about the Child Care Assistance Program, and created a

Consumer Education Statement that is automatically generated in Integrated Eligibility and Enrollment System (IEES) and sent to all CCAP applicants. Issuance of these two forms began on November 17, 2023. This Consumer Education Statement gives information regarding developmental screenings and how they are used to take a closer look at how a child is developing and make sure everything is on track. Contact information is also given for 'Help Me Grow Kentucky', which is a free, confidential call center for families, health providers and community service providers offering developmental screening and connections to local services and learning activities.

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: **The Lead Agency received a non-compliance notice on December 13, 2021, because temporary changes as described in the definition of**

"temporary change" are limited to 3 months. Currently, temporary changes to the parent's qualifying activity could terminate a child's eligibility for child care services prior to the end of the 12-month eligibility period if the parent fails to meet the minimum requirement by the end of the 3 month [] job search/grace period. The Lead Agency is requesting additional time to bring this element into compliance. Regulation and policy updates to address this non-compliance will be completed by 12/31/24 and are expected to be implemented by 12/31/24. Updated information on these policy and regulation changes will be as follows: Families experiencing temporary changes to their qualifying activity, will have no interruption in their benefit during the 12-month eligibility period.

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.

DCC has drafted an amendment to 922 KAR 2:160 - Child Care Assistance Program to more clearly define temporary changes. This amendment is on track to be filed by July 15, 2024. Once the amendment is filed, there is an open comment period of 60 days, then two legislative hearings must be held for approval.

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: **The Lead Agency received a non-compliance notice on December 13, 2021. However, this element is currently in compliance.**

Currently, households may gain initial CCAP eligibility with Initial Job Search for a minimum of three (3) calendar months from the date of application.

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: **The Lead Agency received a non-compliance notice on December 13, 2021, regarding continued assistance during non-temporary loss of activity.**

Currently, 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. There is no limit to the number of times this "Job Search" option for continuous care can be used, provided they are participating in a qualifying activity between usage.

Job Search for continued eligibility does not have a limit set on the number of times it can be used. The family would not be able to use the "Job Search" option at their redetermination. They would need to be participating in a qualifying activity for continued care.

- 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.**

Job Search for continued eligibility does not have a limit set on the number of times it can be used. The family would not be able to use the "Job Search" option at their redetermination. They would need to be participating in a qualifying activity for continued care.

- 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.**

Job Search for continued eligibility does not have a limit set on the number of times it can be used. The family would not be able to use the "Job Search" option at their redetermination. They would need to be participating in a qualifying activity for continued care.

- 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. A child's eligibility will be discontinued if the child ceases to reside within the state. Policy will be updated by 10/1/24 to include the action taken once it is reported the child is no longer living in the state. Once it is reported that a child no longer resides in Kentucky, the Lead Agency ends their eligibility.**

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: **The Kentucky Division of Child Care received a non-compliance notice on December 13, 2021, regarding "Reporting changes during the minimum 12-month eligibility period".**

Currently the Lead Agency, requires the family to report changes that may not impact their eligibility.

Kentucky Division of Child Care is requesting additional time to bring this element into

compliance. Regulation and policy updates to address this non-compliance will be completed by 12/31/24 and are expected to be implemented by 12/31/24. Updated information on these policy and regulation changes will be as follows:

The following changes must be reported no later than 10 days after the change occurs:

- Non-temporary loss or ending of eligible activity;
- Monthly income that exceeds 85% State Median Income (SMI) for their appropriate household size;
- Change in marital status;
- Change in mailing address or residency;
- Changes in child care providers and/or changes in the scheduled hours care is needed.

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? **Copayments have been waived for all families since 2021. The Lead Agency originally used CRRSA funds to waive copayments and when those funds expired we transitioned to using state funding. State funding will expire on September 30, 2024. Families will be expected to pay their copayments beginning on October 1, 2024. DCC anticipates the copayment will be capped at 7% of a family's monthly income due to upcoming changes that are in place. The Lead Agency will request a waiver if there are delays in implementing that change to the copayment chart.**

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

Yes.

No. If no, describe:

3.1.2 Sliding fee scale

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

a. Is the sliding fee scale set statewide?

Yes.

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

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

	A	B	C	D	E	F
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	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): **The new co-payment chart that will be in effect October 1, 2024, will be added to the CCAP VIII section MS 5015. To locate the co-payment sliding-fee scale, please search for the "MS 5015". A specific page number is not provided because the page number for this document change often.**

<https://www.chfs.ky.gov/agencies/dCBS/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: **The Division of Child Care received a non-compliance notice on December 13, 2021 because child care providers are given an option to charge families the difference in the payment rate and rates charged**

to families. DCC clarified that a provider cannot charge CCAP families more than the private pay families pay, but that can result in CCAP families having to pay an overage. DCC will supply data to see how many families are having to pay the overage, and how many providers charge the overage. This non-compliance needs additional time to be addressed and additional technical assistance. 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.

Cost model research done by CCA indicates that there are systemic gaps between the cost of providing care to children and the revenue received from both market rates and CCAP subsidies. Tables 6 and 7 in this report indicate that for both small and large centers, the cost differential between average maximum CCAP reimbursement rate and the cost to providers is negative for all age groups except for school age children. This is also true for the cost differential between Market Rates and cost to providers.

<https://www.childcareawareky.org/wp-content/uploads/2024/07/Cost-of-Care-in-Kentucky-Part-2-Cost-Model-2024.pdf>

The Division of Child Care recognizes the importance of the inclusion of out-of-school time (OST) programs in licensing requirements, the professional development framework and QRIS (Kentucky All STARS). DCC will continue partnership with KYOSA and other OST entities to examine other states and national level standards in addressing the needs specific to school-age and out-of-school time programs.

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. Families are made aware of child care options through the consumer education statement that is provided to every family approved for subsidy. The consumer education statement includes all the provider types in KY and where families can search for regulated care.**

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

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. The Market Rate Study report was submitted on March 27, 2024. The follow up Cost Model project was submitted on June 25, 2024. Findings were shared with the CCAC on July 25, 2024. Feedback from the CCAC indicated that the committee appreciated the data-based findings that supported what has been known anecdotally for many years: the business model of child care is broken.**
- 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: **N/A- All providers were invited to participate.**
- 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. Response rate per Child Care Aware region was as follows:

Cumberland Region - 110

Eastern Mountain - 71

Jefferson - 192

Northern Bluegrass - 166

Salt River Trail - 210

Southern Bluegrass - 104

The Lakes - 144

Two Rivers - 137

- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **The response rate for the Market Rate Survey was 57.16%. (See Tables 1 & 2 in Market Rate Report, <https://www.childcareawareky.org/wp-content/uploads/2024/06/2024-Market-Rate-Study-1.pdf>. All types of child care providers were represented (Type I, Type II, and Certified), and all regions of the state were represented.**

Response rate per provider type:

Licensed Type I - 57.49%

Licensed Type II - 87.18%

Certified - %48.80%

- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The response rate for the Market Rate Survey was 57.16%. (See Tables 1 & 2 in Market Rate Report, <https://www.childcareawareky.org/wp-content/uploads/2024/06/2024-Market-Rate-Study-1.pdf>.**
- 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>**

The updated Cost Model developed by CCA relies on data collected simultaneous with the Market Rate Study in January and February 2024. See report: <https://www.childcareawareky.org/wp-content/uploads/2024/07/Cost-of-Care-in-Kentucky-Part-2-Cost-Model-2024.pdf>

- 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. The Cost Model report included variations based on small v. large centers. These input for these models included state median levels for costs broken down by age level with appropriate regulatory ratios.**
- 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. The cost model developed for small and large centers assumed that centers accept subsidy, participate in the food program, and charge state average market rates. The wages used to develop the cost model begin with the median wages provided by a representative sample of providers across the state. The model then uses Bureau of Labor Statistics KY data to model how higher wages will affect the cost of care.**
- 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. The assumption used to model higher quality in the cost models is wage level. The median KY wages gathered from a sample of providers is the first level of the model. Then higher levels are modeled by increasing the wages based on the BLS KY wages that are included in the PCQC.**
- 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>**

The 2024 Kentucky Cost Model for Licensed Centers was submitted in June of 2024 and is

publicly available here: <https://www.childcareawareky.org/wp-content/uploads/2024/07/Cost-of-Care-in-Kentucky-Part-2-Cost-Model-2024.pdf> This more than meets the requirement of a narrow cost analysis.

The Lead Agency is considering all data from the 2024 MRS and will make necessary adjustments by December 31, 2024.

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: **1/27/2024**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **2/15/2024**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **<https://www.childcareawareky.org/wpcontent/uploads/2024/06/2024-Market-Rate-Study-1.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: **The Division of Child Care received a non-compliance notice on December 13, 2021 because the results of the Market Rate Survey were not widely available to the public. The most recent MRS results are widely available via the CCA Research website, and are shared across social media platforms. The MRS was presented at a CCAC meeting on July 25, 2024 and comments were addressed during the meeting from stakeholders. The comments that were shared during the meeting confirmed that the partners understood the research and felt that it was a valuable contribution to the state-level discussion of the cost of care. Going forward, we will continue to engage CCAC members and others when we are planning and conducting research studies for the landscape of child care across Kentucky.**

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). **3/27/2024**

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	50.00	235.00	78.00	37.00	40.00	47.00		
Family Child Care for Infants (6 months)	36.00 Per Day	8.00	180.00	78.00	30.00	35.00	36.00		
Center Care for Toddlers (18 months)	47.00 Per Day	51.00	235.00	81.00	36.00	40.00	45.00		
Family Child Care for Toddlers (18 months)	36.00 Per Day	8.00	180.00	81.00	30.00	34.00	36.00		
Center Care for Preschoolers (4 years)	41.00 Per Day	56.00	205.00	79.00	32.00	35.00	41.00		
Family Child Care for Preschoolers (4 years)	34.00 Per Day	9.00	170.00	68.00	30.00	32.00	35.00		
Center Care for School-Age (6 years)	37.00 Per Day	46.00	185.00	85.00	29.00	30.00	36.00		
Family Child Care for School-Age (6 years)	28.00 Per Day	9.00	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	50.00	135.00	11.00	37.00	40.00	47.00		
Family Child Care for Infants (6 months)	24.00 Per Day	8.00	120.00	17.00	30.00	35.00	36.00		
Center Care for Toddlers (18 months)	27.00 Per Day	51.00	135.00	15.00	36.00	40.00	45.00		
Family Child Care for Toddlers (18 months)	24.00 Per Day	8.00	120.00	20.00	30.00	34.00	36.00		
Center Care for Preschoolers (4 years)	25.00 Per Day	56.00	125.00	18.00	32.00	35.00	41.00		
Family Child Care for Preschoolers (4 years)	22.00 Per Day	9.00	110.00	18.00	30.00	32.00	35.00		
Center Care for School-Age (6 years)	27.00 Per Day	46.00	135.00	45.00	29.00	30.00	36.00		
Family Child Care for School-Age (6 years)	20.00 Per Day	9.00	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/dCBS/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.**

The Lead Agency considers provider fees based on results of Market Rate survey and take into consideration regional differences; type of care provided; and rates of programs that do and do not accept CCDF funding. There is a range of child care provider types supporting parental choice such as-Licensed Type I, Licensed Type II, Certified and Family Friend and Neighbor. There are various payment options such as on-line billing and paper billing. Providers can submit CCAP billing the first day of the month. 90 % of providers who submit payment through the online billing portal are issued payment within the 1st two weeks of the month. Payments are issued monthly and daily. Providers also have access to receive their CCDF payments via direct deposit, whereas payments are issued within the

first 4 days of the month.

- 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).**

Considering that the recommendation is to pay at the 75th percentile and the Division of Child Care raised rates to 80th percentile based on the 2020 MRS and also added the additional \$2/\$1 across the board from state general funds, we feel it is sufficient for providers at this time. Based on the results of the 2024 Market Rate Survey, Kentucky is currently reimbursing providers at the 75th percentile.

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.**

In the 2024 Kentucky Cost Model for Licensed Centers, the cost of care based on current Kentucky data is broken down by age of child in Tables 6 and 7 for small and large centers respectively. This information can be used by DCC to examine potential changes to rates. The differentials between market rate and cost, between CCAP and market rate, and between CCAP and cost indicate that overall centers are operating at a loss.

Citation: <https://www.childcareawareky.org/wp-content/uploads/2024/07/Cost-of-Care-in-Kentucky-Part-2-Cost-Model-2024.pdf>

- 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.**

Kentucky All STARS is a 5 Star Quality Program. Programs who score higher receive higher All STARS Incentives. These monetary payments incentivize programs to score higher for the extra funding at the higher levels.

Citation: Please see All STARS Payment breakdown per level via the following link: <https://www.chfs.ky.gov/agencies/dcbs/dcc/Documents/KYAllSTARSRegulatedIncentives.pdf>

- 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?

Yes. If yes, identify the fees the Lead Agency pays for:

No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice: **Enrollment fees can be paid for child cares 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. CCIE (Child Care Income Eligible) participant case are not eligible for enrollment fee payments because these cases are not considered protected populations.**

- 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. The DCC-94 "Child Care Service Agreement and Certificate" is required to be completed and signed by both the provider and the recipient.

The DCC-94, Child Care Service Agreement and Certificate contains Family and Provider information (names, addresses, phone numbers, case number) Enrollment Information (Child name, DOB, Individual ID, Start date, End date, Care Level, Part day and Full day rates of provider, daily copay and CHFS payment, Scheduled Days of care, special needs and non-traditional care notations), Address to return the signed certificate, phone number to contact for help, Detailed Conditions of Acceptance for recipient along with signature and date lines. The condition of acceptance includes information about 12-month eligibility, payment agreement, payment of copays, responsibility for overage charges, attendance information, the need to report changes timely, request for service appeal contacts, agreement that if the child care provider is deemed unsafe the agreement may be terminated, agreement that benefits must be paid back if not entitled to receive and rights and responsibilities are understood. Conditions of Acceptance for the child care provider to provide services for children on form, to charge and collect copays, to provide any changes to the agreement to the cabinet, reimbursement procedures and policy, regulations connected to child care providers, agreement to pay back any benefits non entitled, the need to report any business changes, termination of agreement policy, and the dispute resolution process.

The client dispute resolution process:

1 If either party doesn't agree with the info on the certificate, they do not sign it. The parent would contact Family Support to have changes made. By signing the certificate, both parties are agreeing to the information on the first page. The certificate is NOT a contract so if issues are reported then changes can be made to the information on page 1.

2) Dispute resolution for the CCAP case is shared with the parent on the DCC-94.1 (same contact as the underlined below) but is meant for disputes for the CCAP case, not enrollment.

3) Below is the excerpt from the certificate, with the underlined statement relating to the follow up question.

"As recipient of child care assistance on behalf of the named children, I have chosen to send my children to the named child care provider as agreed by the cabinet or its designee, the child care provider and me. I agree to pay the assessed family co-pays according to the prearranged plan for such payments to the child care provider. I understand and agree that I will be responsible for any amount exceeding the total daily payment (overage charges) and for days the children are absent from care which are not payable by the cabinet according to the provisions of 922 KAR 2:160. I agree to provide the child care provider with any requested documentation of the reason my children are absent from care. I agree to notify the cabinet or its designee and the child care provider within ten (10) days of changes relevant to this Child Care Services Agreement and Certificate. I understand that I have the right to receive fair and impartial treatment from my worker regardless of my age, sex, race, religious beliefs, political affiliation, national origin, or disability. If I am dissatisfied with the action taken, I may request a service

appeal within thirty (30) days from the date of action by filing a written request with the Cabinet for Health and Family Services, Division of Administrative Hearings, Families and Children Administrative Hearings Branch, 105 Sea Hero Road, Suite 2, Frankfort, KY 40601. I may be represented by an attorney or other spokesperson. A complaint reported on the provider of services is subject to public inspection as specified in the Public Records Law KRS 61.872 to 61.884.

I agree and understand that this agreement may be terminated upon notice that the cabinet has determined that conditions or circumstances at the child care premises put children at risk of abuse, neglect or exploitation pursuant to KRS 620. I agree and understand that I must pay back benefits that are paid on my behalf to which I am not entitled to receive. I understand that benefits will not be issued if I am currently disqualified due to fraud in accordance with 922 KAR 2:020.

I have reviewed this form. I fully understand my rights and responsibilities and the terms of the agreement are understood and satisfactory. "

The Child Care Provider Payment Dispute Resolution Process:

After a Provider Billing Form (PBF) has been submitted by the provider, processed, and payment issued, a Remittance statement is generated from the KICCS system for the provider. Upon reviewing the remittance statement, if the provider questions a payment, they email the CCAPProviderPayments@ky.gov inbox for guidance. DCC staff review the enrollment, certificate, and payment for any issues. If an underpayment is discovered, DCC will reconcile the payment with a Prior Period Adjustment (PPA) to the provider. Providers are made aware of the PPA process when completing the Provider CCAP Billing Basics training required of each new provider and yearly for existing providers. The training and reference material is also included in the initial application packet to become a CCAP Subsidy provider. Additionally, the reference and training material is shared with providers when further training is needed, or clarifications are requested by the provider.

Provider CCAP Billing Basics: <https://www.hdilearning.org/product/ece-080-2/>
<https://www.chfs.ky.gov/agencies/dcbs/Documents/dcc94childcareserviceagreement.pdf>
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: **The process of notifying a child care provider of changes in a family's eligibility begins 10 days prior to the date the change is to occur. If the family reports a change, a notice is sent to the provider on the day the family reports the change to Family Support. The notice indicates the change will happen 10 days from the date the family reported. If a change is non-family reported but due to other circumstances, a 10-day notice is sent to the child care provider 10 days prior to the last day of the month the change occurs.**

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.

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.

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.

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.

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

The Child Care Provider Payment Dispute Resolution Process:

After a Provider Billing Form (PBF) has been submitted by the provider, processed, and payment issued, a Remittance statement is generated from the KICCS system for the provider. Upon reviewing the remittance statement, if the provider questions a payment, they email the CCAPProviderPayments@ky.gov inbox for guidance. DCC staff review the enrollment, certificate, and payment for any issues. If an underpayment is discovered, DCC will reconcile the payment with a Prior Period Adjustment (PPA) to the provider. Providers are made aware of the PPA process when completing the Provider CCAP Billing Basics training required of each new provider and yearly for existing providers. The

training and reference material is also included in the initial application packet to become a CCAP Subsidy provider. Additionally, the reference and training material is shared with providers when further training is needed, or clarifications are requested by the provider.

Provider CCAP Billing Basics: <https://www.hdilearning.org/product/ece-080-2/>

Any adverse actions may be appealed through the Cabinet's established administrative processes. The administrative process may then be appealed to the Franklin County Circuit Court. These appeal rights/options are shared at each point a decision is rendered.

- 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. In addition to CCAP being offered, Child care programs In Kentucky are incentivized to participate in the CCAP program for many reasons. CCAP payments have been paid based on enrollment of the child not attendance since 12/1/2022, guaranteeing payment for CCAP enrollments regardless of days missed by the child thus allowing for monetary security. CCAP payments are processed overnight the day the provider submits allowing for a general 2-3 day turn around for reimbursement from the date of submission. CCAP offers KICCS portal submission of payments to all providers. The portal removes the possible delays of mailing the provider billing forms and allows for an expedient process. CCAP participating programs also have access to incentive rates as \$5 a day extra for Special Needs enrollments and Accredited programs as well as \$10 a day extra for each non-traditional hour's enrollments. These are funds in addition to the provider rate or State Max Rate CCAP currently reimburses the provider. CCAP participating providers can have staff with children attending their center apply for CCAP and receive the child care employee income exclusion. Staff taking advantage of the exclusion do not need to work at the same center as their child, but data shows most do. CCAP participants also received monetary incentivization through participation in grants and sustainability funding offered by DCC.**

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: **At this time, Kentucky does not offer direct child care services through grants and contracts and will be requesting a federal waiver by November 2024.**

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 received a non-compliance notice on December 13, 2021, because the lead agency did not list data sources used to identify any shortages and declines in the supply of care types that meet parents' needs for Infant and Toddler programs.**

The Division of Child Care has requested a KICCS (Kentucky Integrated Child Care System) report to show capacity of all child care providers, in comparison to the most recent census data to show the number of infant/toddlers that would potentially need Infant/Toddler care. DCC Also uses the Executive Dashboard to monitor child care deserts across the state. DCC would know if there was a

shortage of IT spots available by monitoring these reports quarterly and observing trends in the data to show an decrease in the capacity for Infant Toddler care.

DCC will continue to work with the Commonwealth Office of Technology, KY Center for Statistics (KYSTATS), Family Child Care Network, and Child Care Aware to develop data reporting parameters, monitoring and identifying shortages across different regions on a quarterly basis.

- ii. Method of tracking progress: DCC will continue to work with the Commonwealth Office of Technology, KY Center for Statistics (KYSTATS), Family Child Care Network, and Child Care Aware to develop data reporting parameters, monitoring and identifying shortages across different regions on a quarterly basis.
- 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. DCC will continue to work with the FCCN to develop strategies to address identified shortages in different regions of the state and monitor progress. DCC will supply the reports to FCCN specialist across the state to help with anecdotal data if there is an identified shortage in a region.
- 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. DCC will continue to work with the CCA to develop strategies to address identified shortages in different regions of the state and monitor progress. DCC will supply the reports to CCA specialist across the state to help with anecdotal data if there is an identified shortage in a region.

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 received a non-compliance notice on December 13, 2021, because the lead agency did not list

data sources used to identify any shortages and declines in the supply of care types that meet parents' needs for different regions across the state.

The Division of Child Care has requested a KICCS (Kentucky Integrated Child Care System) report to show capacity of all child care providers, in comparison to the most recent census data to show the number potentially needed spots, compared to the capacity available per region. DCC Also uses the Executive Dashboard to monitor child care deserts across the state in different regions to show where child care is needed. DCC will continue to monitor these reports quarterly to identify any possible shortages in care across different regions.

DCC will continue to work with the Commonwealth Office of Technology, KY Center for Statistics (KYSTATS), Family Child Care Network, and Child Care Aware to develop data reporting parameters, monitoring and identifying shortages across different regions on a quarterly basis. DCC also takes into account provider feedback to identify shortages when it is discussed at partnership meetings. The Child Care Advisory Council (CCAC) has provider representation from different regions who have provided some comments for discussion around areas of shortages in staff, and available spaces. DCC has provided data from different regions across the state and plans to track this data quarterly.

The data from Kentucky shows that as a whole Kentucky has 52% of our providers able to take Infants and Toddlers. When we broke the data down regionally, we're still at or above 45% of providers able to take on Special Populations.

- ii. Method of tracking progress: DCC will continue to work with the Commonwealth Office of Technology, KY Center for Statistics (KYSTATS), Family Child Care Network, and Child Care Aware to develop data reporting parameters, monitoring and identifying shortages across different regions on a quarterly basis. DCC also takes into account provider feedback to identify shortages when it is discussed at partnership meetings. The Child Care Advisory Council (CCAC) has provider representation from different regions who have provided some comments for discussion around areas of shortages in staff, and available spaces. DCC has provided data from different regions across the state and plans to track this data quarterly.
- 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. DCC will share these reports quarterly with FCCN specialist to address any shortages if identified in their region. The Division of Child Care plans to continue working with FCCN to develop strategies for recruitment to address child care shortages for families using child care homes.
- 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. DCC will continue to work with Child Care Aware of Kentucky to monitor shortages in different regions and to develop strategies for recruitment to address child care shortages in child care centers. These reports will be made available to CCA if a shortage is identified in their region.

Citation:

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

c. In care for special populations:

i. Data sources used to identify shortages: The Division of Child Care received a non-compliance notice on December 13, 2021, because the lead agency did not list data sources used to identify any shortages and declines in the supply of care types that meet parents' needs for care for special populations.

The Division of Child Care has requested a KICCS (Kentucky Integrated Child Care System) report to show capacity of all child care providers, in comparison to the most recent census data to show the number potentially needed spots, compared to the capacity available per region for care for special populations. DCC Also uses the Executive Dashboard to monitor child care deserts across the state in different regions to show where child care is needed for all care needs. DCC will continue to monitor these reports quarterly to identify any possible shortages in care across different regions for special populations care.

DCC will continue to work with the Commonwealth Office of Technology, KY Center for Statistics (KYSTATS), Family Child Care Network, and Child Care Aware to develop data reporting parameters, monitoring and identifying shortages across different regions on a quarterly basis. DCC also takes into account provider feedback to identify shortages when it is discussed at partnership meetings. The Child Care Advisory Council (CCAC) has provider representation from different regions who have provided some comments for discussion around areas of shortages in staff, and available spaces. DCC has provided data from different regions across the state and plans to track this data quarterly.

KYOSA monitors the school age supply shortage through their data explorer tool: <https://kyoutofschoolalliance.org/kyosa-data-explorer/>

The data from Kentucky shows that as a whole Kentucky has 57% of our providers able to take children of Special Population. When we broke the data down regionally, we're still at or above 50% of providers able to take on Special Populations.

ii. Method of tracking progress: DCC will continue to work with the Commonwealth Office of Technology, KY Center for Statistics (KYSTATS), Family Child Care

Network, and Child Care Aware to develop data reporting parameters, monitoring and identifying shortages across different regions on a quarterly basis. DCC also takes into account provider feedback to identify shortages when it is discussed at partnership meetings. The Child Care Advisory Council (CCAC) has provider representation from different regions who have provided some comments for discussion around areas of shortages in staff, and available spaces. DCC has provided data from different regions across the state and plans to track this data quarterly. DCC also utilizes the data provided by KYOSA to monitor Out of School Time (OST) providers through the state.

- 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. DCC will continue to partner with KYOSA to help address out of school time care with family child care home opportunities across the state where there are shortages.**

The Lead Agency also collaborates with contracted subrecipients within specific regions to help track progress or shortages. Family Child Care Network (FCCN) also intervene and help provide Technical Assistance around Health and Safety requirements and standards of quality for regions to help decrease shortages in care if any shortages are identified. If any shortages are identified DCC will share these reports with the FCCN specialist to create a plan to address a shortage by a specific region.

- 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. DCC will continue to partner with KYOSA to help address out of school time care shortage with child care centers who offer out of school time care across the state.**

The Lead Agency also collaborates with contracted subrecipients within specific regions to help track progress or shortages. Child Care Aware (Health and Safety Coaches) also intervene and help provide Technical Assistance around health and safety requirements and standards of quality for regions to help decrease shortages in care, if any shortages are identified. If any shortages are identified DCC will share these reports with the CCA specialist to create a plan to address a shortage by a specific region.

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.

All 120 counties across the Commonwealth have dedicated space to provide services to the elderly population at certain points throughout the week. While 60% of Kentucky counties are considered child care deserts, the Lead Agency offered this opportunity to allow local communities to repurpose existing spaces to meet the needs of two vulnerable populations.

- b. Infants and toddlers. Describe: **DCC will continue to work with the Family Child Care Network (FCCN) and Child Care Aware of Kentucky to create data metrics for collecting data to identify the supply of infant/toddler care. FCCN has obtained their reliability in 2024 and will work with providers for Kentucky ALL STARS ratings using the environmental scales to improve quality. 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 (CCDF Funding) 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. The indicators and scores from these scales not only help towards higher quality but also school readiness.**

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: DCC will continue to work with FCCN and Child Care Aware of Kentucky to identify and monitor supply and quality of care for children with disabilities. Currently our data does not show any major gaps in care for care for children with disabilities across different regions of the state. In order to better prepare teachers to accommodate children with challenging behaviors and disabilities, DCC is contracting 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. To address improving quality of care for providers the Division of Child Care continues to provide training of trainers (TOTs) free of charge to credentialed trainers in topics relating to disabilities and strategies to support teachers with children with disabilities in their classrooms.

To help address potential shortages 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 as an incentive to offer this specific type of care that is needed.

- d. Children who receive care during non-traditional hours. Describe: Currently we have not identified any gaps in care for nontraditional hours, but as an incentive to address potential gaps DCC pays 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.

To identify and address gaps in the supply and quality of school-age child care services, DCC reviews and takes into account data and research provided by the Kentucky Out-of-School Alliance (KYOSA) on an ongoing basis. To address the current shortage of state-approved training and professional development opportunities for staff working exclusively with school-age youth, the Lead Agency will explore contracting with partners to develop and pilot pathways for Out-of-School Time (OST) Professionals aligned with the requirements of SAYD Credential and Digital Badge. This will enable more school-age professionals to achieve a SAYD Credential and/or Digital Badge.

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. Priority for all of these start-up grants was given to child care deserts and required all recipients to complete Strengthening Business Practices training, accept child who receive subsidy, and participate in Kentucky All STARS.**

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.

16.5% of Kentucky's population (one in six) lives below the poverty line and the unadjusted annual state unemployment rate is 4.2%. The highest rates of concentrated poverty and unemployment do occur in child care deserts. The Lead Agency will continue to support the creation and expansion of child care services in these areas.

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to **Lead Agencies** to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for

ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children’s development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures by the [Lead Agency](#). CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

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

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

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

5.1 Licensing Requirements

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

5.1.1 Providers subject to licensing

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

- a. Identify the center-based provider types subject to child care licensing: **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:

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.**

"Providers must have:

Section 2(1)(b) 6. Completed background checks in accordance with 922 KAR 2:280;

Section 2 (2)(b) Verification that the applicant has obtained training approved by the cabinet or its designee in the areas of:

1. Recognition of child abuse and neglect, which shall include one and one-half (1.5) hours of cabinet-approved pediatric abusive head trauma training in accordance with KRS 199.896(16); and

2. 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"

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. This regulation requires a registered relative provider to be related to the child receiving CCAP; to complete the Registered Relative Provider Application (DCC-95 for care provided in the provider's home or the DCC-96 for care provided in child's home); to complete an IRS W-9 - Request for Taxpayer Identification Number and Certification; to provide photo identification or birth certificate; to verify Social Security number; to complete a background check in accordance with 922 KAR 2:280; and to provide verification that the individual has completed the cabinet-approved training on billing and the DCC-94E. 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.
- 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. **License exempt centers are not regulated by DCC, and therefore are not eligible for CCAP/CCDF funding.**
- 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:

(6) A staff person suspected of being infected with a communicable disease shall:

- (a) Not perform duties that could allow for the transmission of the disease until the infectious condition can no longer be transmitted; and**
- (b) Provide a statement of fitness to return to work from a health professional, if requested.**

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

(4) A child shall:

- (a) Be helped with personal care and cleanliness based upon his or her developmental skills;**
- (b) Except as established in paragraph (c) of this subsection, wash his or her hands with liquid soap and warm running water:**
 - 1.**
 - a. Upon arrival at the center; or**
 - b. Within thirty (30) minutes of arrival for school-age children;**
 - 2. Before and after eating or handling food;**
 - 3. After toileting or diaper change;**
 - 4. After handling animals;**
 - 5. After touching an item or an area of the body soiled with body fluids or wastes; and**
 - 6. After outdoor or indoor play time; and**
- (c) Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available in accordance with paragraph (b) of this subsection. The child shall wash the child's hands as soon as practicable once liquid soap and warm running water are available.**

(5) Staff shall:

- (a) Maintain personal cleanliness;**
- (b) Conform to hygienic practices while on duty;**
- (c) Except as established in paragraph (d) of this subsection, wash their hands with liquid soap and running water:**
 - 1. Upon arrival at the center;**
 - 2. After toileting or assisting a child in toileting;**
 - 3. Before and after diapering each child;**

4. After wiping or blowing a child's or own nose;
 5. After handling animals;
 6. After caring for a sick child;
 7. Before and after feeding a child or eating;
 8. Before dispensing medication;
 9. After smoking or vaping; and
 10. If possible, before administering first aid; and
- (d) Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available in accordance with paragraph (c) of this subsection. The staff shall wash the staff's hands as soon as practicable once liquid soap and warm running water are available.

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

(1) A child-care center shall have a minimum of one (1) toilet and one (1) lavatory for each twenty (20) children. Urinals may be substituted for up to one-half (1/2) of the number of toilets required for a male toilet room.

(2) A toilet room shall:

(a)

1. Be provided for each gender; or
 2. A plan shall be implemented to use the same toilet room at separate times;
- (b) Have a supply of toilet paper; and
- (c) Be cleaned and disinfected daily.

(3) A sink shall be:

- (a) Located in or immediately adjacent to toilet rooms;
- (b) Equipped with hot and cold running water that allows for hand washing;
- (c) Equipped with hot water at a minimum temperature of ninety (90) degrees Fahrenheit and a maximum of 120 degrees Fahrenheit;
- (d) Equipped with liquid soap;
- (e) Equipped with hand-drying blower or single use disposable hand drying material;
- (f) Equipped with an easily cleanable waste receptacle; and
- (g) Immediately adjacent to a changing area used for infants and toddlers.

(4) Each toilet shall:

- (a) Be kept in clean condition;
 - (b) Be kept in good repair;
 - (c) Be in a lighted room; and
 - (d) Have ventilation to outside air.
- (5) Toilet training shall be coordinated with the child's parent.

(6) An adequate quantity of freshly laundered or disposable diapers and clean clothing shall be available.

(7) If a toilet training chair is used, the chair shall be:

- (a) Used over a surface that is impervious to moisture;
- (b) Out of reach of other toilets or toilet training chairs;
- (c) Emptied promptly; and
- (d) Disinfected after each use.

(8) Diapers or clothing shall be:

- (a) Changed when soiled or wet;
- (b) Stored in a covered container temporarily; and

(c) Washed or disposed of at least once a day.
(9) The proper methods of diapering and hand-washing shall be posted at each diaper changing area.

(10) When a child is diapered, the child shall:

(a) Not be left unattended; and

(b) Be placed on a surface that is:

1. Clean;
2. Padded;
3. Free of holes, rips, tears, or other damage;
4. Nonabsorbent;
5. Easily cleaned; and
6. Free of any items not used for diaper changing.

(11) Unless the child is allergic, individual disposable washcloths shall be used to thoroughly clean the affected area of the child.

(12) Staff shall disinfect the diapering surface after each child is diapered.

(13) If staff wears disposable gloves, the gloves shall be changed and disposed after each child is diapered.

Section 7 First Aid and Medicine. Subsection 8:

(8) Each center shall ensure that every staff member has 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 Child-care health and safety standards**

Section 3 General Requirements Subsection 6:

(6) A staff person suspected of being infected with a communicable disease shall:

(a) Not perform duties that could allow for the transmission of the disease until the infectious condition can no longer be transmitted; and

(b) Provide a statement of fitness to return to work from a health professional, if requested.

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

(1) A provider shall ensure the health, safety, and comfort of each child.

(2)

(a) 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.

(b) A child may include a person eighteen (18) years of age if the person has a

special need for which child care is required.

(3) Television or video viewing by a child shall be limited to:

- (a) Two (2) hours daily;
- (b) The planned program activities; and
- (c) Developmentally appropriate child-related content, as designated by standardized content guidelines.

(4) A child shall:

(a) Wash hands with liquid soap and warm running water:

- 1. Before and after eating or handling food;
- 2. After toileting or diaper change;
- 3. After handling animals;
- 4. After touching an item or an area of the body soiled with body fluids or waste; and
- 5. After outdoor and indoor play time; or

(b) Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available in accordance with paragraph (a) of this subsection. The child shall wash the child's hands as soon as practicable once liquid soap and warm running water are available.

(5) A provider and an assistant shall:

(a) Wash hands with liquid soap and warm running water:

- 1. Before and after diapering a child;
- 2. Before and after feeding a child;
- 3. After toileting or assisting a child with toileting;
- 4. After handling animals;
- 5. Before dispensing medication;
- 6. After caring for a sick child;
- 7. After wiping or blowing a child's or own nose; and
- 8. After smoking or vaping; or

(b) Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available in accordance with paragraph (a) of this subsection. The provider or assistant shall wash his or her hands as soon as practicable once liquid soap and warm running water are available.

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

(6) A provider shall ensure that a child does not share:

- (a) Cups;
- (b) Eating utensils;
- (c) Wash cloths;
- (d) Towels; and
- (e) Toiletry items.

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

(18) Waste and biological contaminants, such as bodily fluids, blood, or excretions, shall be:

- (a) Disposed of in a manner that prevents exposure to children;
- (b) Inaccessible to children; and
- (c) In a covered plastic-lined receptacle with a close-fitting lid.

922 KAR 2:100 Section 14. Toilet and Diapering Requirements. Subsection 1-12

(1) A toilet room shall:

- (a) Have an adequate supply of toilet paper; and**
- (b) Be cleaned and disinfected daily.**

(2) A sink shall be:

- (a) Located near or in close proximity to toilets;**
- (b) Equipped with hot and cold running water that allows for hand washing;**
- (c) Equipped with hot water at a minimum temperature of ninety (90) degrees Fahrenheit and a maximum of 120 degrees Fahrenheit;**
- (d) Equipped with liquid soap and single use, disposable hand drying material;**
- (e) Equipped with an easily cleanable, covered waste receptacle; and**
- (f) Near or in close proximity to a changing area used for infants and toddlers.**

(3) Each toilet shall:

- (a) Be kept in clean condition;**
- (b) Be kept in good repair;**
- (c) Be in a lighted room; and**
- (d) Have ventilation.**

(4) Toilet training shall be coordinated with the child's parent.

(5) An adequate quantity of freshly laundered or disposable diapers and clean clothing shall be available.

(6) If a toilet training chair is used, the chair shall be:

- (a) Emptied promptly; and**
- (b) Disinfected after each use.**

(7) Diapers or clothing shall be:

- (a) Changed when soiled or wet;**
- (b) Stored in a covered leak proof container temporarily; and**
- (c) Washed or disposed of at least once a day.**

(8) The proper methods of diapering and hand-washing shall be available at each diaper changing area.

(9) If a child is being diapered, the child shall:

- (a) Not be left unattended; and**
- (b) Be placed on a surface that is:**
 - 1. Clean;**
 - 2. Padded;**
 - 3. Free of holes, rips, tears, or other damage;**
 - 4. Nonabsorbent;**
 - 5. Easily cleaned; and**
 - 6. Free of items not used for diaper changing.**

(10) Unless another cleaning method is authorized by the child's parent or prescribed by a physician, individual disposable washcloths shall be used to thoroughly clean the affected area of a child.

(11) A provider or an assistant shall disinfect the diapering surface after each child is diapered.

(12) If a provider or an assistant wear disposable gloves, the gloves shall be changed and disposed of after each child is diapered.

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

(7) A quiet, separate area that is easily supervised shall be provided for a child too

sick to remain with other children.

(8) A provider and an assistant shall:

(a) Be able to recognize symptoms of childhood illnesses;

(b) Be able to provide basic first aid; and

(c) Maintain a child care program that assures affirmative steps are taken to protect children from abuse or neglect pursuant to KRS 600.020(1).

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:

(6) A staff person suspected of being infected with a communicable disease shall:

(a) Not perform duties that could allow for the transmission of the disease until the infectious condition can no longer be transmitted; and

(b) Provide a statement of fitness to return to work from a health professional, if requested.

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

(4) A child shall:

(a) Be helped with personal care and cleanliness based upon his or her developmental skills;

(b) Except as established in paragraph (c) of this subsection, wash his or her hands with liquid soap and warm running water:

1.

a. Upon arrival at the center; or

b. Within thirty (30) minutes of arrival for school-age children;

2. Before and after eating or handling food;

3. After toileting or diaper change;

4. After handling animals;

5. After touching an item or an area of the body soiled with body fluids or wastes;

and

6. After outdoor or indoor play time; and

(c) Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available in accordance with paragraph (b) of this subsection. The child shall wash the child's hands as soon as practicable once liquid soap and warm running water are available.

(5) Staff shall:

(a) Maintain personal cleanliness;

(b) Conform to hygienic practices while on duty;

(c) Except as established in paragraph (d) of this subsection, wash their hands with liquid soap and running water:

1. Upon arrival at the center;

2. After toileting or assisting a child in toileting;

3. Before and after diapering each child;

4. After wiping or blowing a child's or own nose;

5. After handling animals;

6. After caring for a sick child;

7. Before and after feeding a child or eating;

8. Before dispensing medication;

9. After smoking or vaping; and

10. If possible, before administering first aid; and

(d) Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are not available in accordance with paragraph (c) of this subsection. The staff shall wash the staff's hands as soon as practicable once liquid soap and warm running water are available.

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

(1) A child-care center shall have a minimum of one (1) toilet and one (1) lavatory for each twenty (20) children. Urinals may be substituted for up to one-half (1/2) of the number of toilets required for a male toilet room.

(2) A toilet room shall:

(a)

1. Be provided for each gender; or

2. A plan shall be implemented to use the same toilet room at separate times;

(b) Have a supply of toilet paper; and

(c) Be cleaned and disinfected daily.

(3) A sink shall be:

(a) Located in or immediately adjacent to toilet rooms;

(b) Equipped with hot and cold running water that allows for hand washing;

(c) Equipped with hot water at a minimum temperature of ninety (90) degrees Fahrenheit and a maximum of 120 degrees Fahrenheit;

(d) Equipped with liquid soap;

(e) Equipped with hand-drying blower or single use disposable hand drying material;

(f) Equipped with an easily cleanable waste receptacle; and

(g) Immediately adjacent to a changing area used for infants and toddlers.

(4) Each toilet shall:

(a) Be kept in clean condition;

- (b) Be kept in good repair;
 - (c) Be in a lighted room; and
 - (d) Have ventilation to outside air.
 - (5) Toilet training shall be coordinated with the child's parent.
 - (6) An adequate quantity of freshly laundered or disposable diapers and clean clothing shall be available.
 - (7) If a toilet training chair is used, the chair shall be:
 - (a) Used over a surface that is impervious to moisture;
 - (b) Out of reach of other toilets or toilet training chairs;
 - (c) Emptied promptly; and
 - (d) Disinfected after each use.
 - (8) Diapers or clothing shall be:
 - (a) Changed when soiled or wet;
 - (b) Stored in a covered container temporarily; and
 - (c) Washed or disposed of at least once a day.
 - (9) The proper methods of diapering and hand-washing shall be posted at each diaper changing area.
 - (10) When a child is diapered, the child shall:
 - (a) Not be left unattended; and
 - (b) Be placed on a surface that is:
 1. Clean;
 2. Padded;
 3. Free of holes, rips, tears, or other damage;
 4. Nonabsorbent;
 5. Easily cleaned; and
 6. Free of any items not used for diaper changing.
 - (11) Unless the child is allergic, individual disposable washcloths shall be used to thoroughly clean the affected area of the child.
 - (12) Staff shall disinfect the diapering surface after each child is diapered.
 - (13) If staff wears disposable gloves, the gloves shall be changed and disposed after each child is diapered.
- Section 7 First Aid and Medicine. Subsection 8:**
- (8) Each center shall ensure that every staff member has 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.

- 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. Child-care center health and safety standards. Section 6 Sleeping and Napping Requirements.**

- (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.
- (2) Rest time shall be provided for each child who is not school-age and who is in care for more than four (4) hours.
- (3) Rest time shall occur in an adequate space according to the child's age as follows:
 - (a) For an infant:
 1. An individual non-tiered crib that meets Consumer Product Safety Commission standards established in 16 C.F.R. 1219-1220;
 2. A firm crib mattress in good repair with a clean tight-fitted sheet that shall be changed:
 - a. Weekly; or
 - b. Immediately if it is soiled or wet;
 3. No bedding other than a clean tight-fitted sheet; and
 4. No toys or other items except the infant's pacifier; or
 - (b) For a toddler or preschool-age child:
 1. An individual bed, a two (2) inch thick waterproof mat, or cot in good repair; and
 2. Bedding that is in good repair and is changed:
 - a. Weekly; or
 - b. Immediately if it is soiled or wet.
- (4) Rest time shall not exceed two (2) hours for a preschool-age child unless the child is attending the child-care center during nontraditional hours.
- (5) A child who does not sleep shall be permitted to play quietly and shall be visually supervised.
- (6) Cots, equipment, and furnishings used for sleeping and napping shall be spaced twelve (12) inches apart to allow free and safe movement by a person.
- (7) If cots or mats are used, floors shall be free from:
 - (a) Drafts;
 - (b) Liquid substances;
 - (c) Dirt; and
 - (d) Dampness.
- (8)
 - (a) Cots or mats not labeled for individual use by a child shall be cleaned after each use.
 - (b) Cots or mats labeled for individual use by a child shall be:
 1. Cleaned at least weekly; and
 2. Disinfected immediately if it is soiled or wet.
- (9) Individual bedding shall be stored in a sanitary manner.

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. Certification of family child-care homes.**
Section 13. Care Requirements for Provider Subsections 7-12:
 (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.

(8) Rest time shall be provided for each child who is not school-age and who is in care for more than four (4) hours.

(9) Rest time shall include adequate space specified by the child's age as follows:

(a) For an infant:

1. An individual non-tiered crib that meets Consumer Product Safety Commission standards established in 16 C.F.R. 1219-1220;

2. A firm crib mattress in good repair with a clean tight-fitted sheet that is changed:

a. Weekly; or

b. Immediately if it is soiled or wet;

3. No loose bedding, such as a bumper or a blanket; and

4. No toys or other items except for the infant's pacifier; or

(b) For a toddler or preschool-age child:

1. An individual bed, a two (2) inch thick waterproof mat, or cot in good repair; and

2. Bedding that is in good repair and is changed:

a. Weekly; or

b. Immediately if it is soiled or wet.

(10) Rest time shall not exceed two (2) hours for a preschool-age child unless the child is attending nontraditional hours or is sick.

(11) A child who does not sleep shall be permitted to play quietly and be visually supervised.

(12) If overnight care is provided, a provider or an assistant shall:

(a) Remain awake until every child in care is asleep; and

(b) Sleep on the same floor level of the home as an infant or toddler.

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 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. Child-care center health and safety standards.**

Section 6 Sleeping and Napping Requirements.

(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.

(2) Rest time shall be provided for each child who is not school-age and who is in care for more than four (4) hours.

(3) Rest time shall occur in an adequate space according to the child's age as follows:

(a) For an infant:

1. An individual non-tiered crib that meets Consumer Product Safety Commission standards established in 16 C.F.R. 1219-1220;

2. A firm crib mattress in good repair with a clean tight-fitted sheet that shall be changed:

a. Weekly; or

b. Immediately if it is soiled or wet;

3. No bedding other than a clean tight-fitted sheet; and

4. No toys or other items except the infant's pacifier; or

(b) For a toddler or preschool-age child:

1. An individual bed, a two (2) inch thick waterproof mat, or cot in good repair; and

2. Bedding that is in good repair and is changed:

a. Weekly; or

b. Immediately if it is soiled or wet.

(4) Rest time shall not exceed two (2) hours for a preschool-age child unless the child is attending the child-care center during nontraditional hours.

(5) A child who does not sleep shall be permitted to play quietly and shall be visually supervised.

(6) Cots, equipment, and furnishings used for sleeping and napping shall be spaced twelve (12) inches apart to allow free and safe movement by a person.

(7) If cots or mats are used, floors shall be free from:

(a) Drafts;

(b) Liquid substances;

(c) Dirt; and

(d) Dampness.

(8)

(a) Cots or mats not labeled for individual use by a child shall be cleaned after each use.

(b) Cots or mats labeled for individual use by a child shall be:

1. Cleaned at least weekly; and

2. Disinfected immediately if it is soiled or wet.

(9) Individual bedding shall be stored in a sanitary manner.

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**
 - (4) Prescription and nonprescription medication shall be administered to a child in care:**
 - (a)**
 - 1. With a written request of the child's parent or the child's prescribing health professional; and**
 - 2. According to the directions or instructions on the medication's label; or**
 - (b) For epinephrine, in accordance with KRS 199.8951 and 311.646.**
 - (5) The child-care center shall keep a written record of the administration of medication, including:**
 - (a) Time of each dosage;**
 - (b) Date;**
 - (c) Amount;**
 - (d) Name of staff person giving the medication;**
 - (e) Name of the child; and**
 - (f) Name of the medication.**
 - (6) Medication, including refrigerated medication, shall be:**
 - (a) Stored in a separate and locked place, out of the reach of a child unless the medication is:**
 - 1. A first aid supply and is maintained in accordance with subsection (1) of this section;**
 - 2. Diaper cream, sunscreen, or toothpaste. Diaper cream, sunscreen, or toothpaste shall be inaccessible to a child;**
 - 3. An epinephrine auto-injector. A licensed child-care center shall comply with KRS 199.8951 and 311.646, including:**
 - a. An epinephrine auto-injector shall be inaccessible to a child;**
 - b. A child-care center shall have at least one (1) person onsite who has received training on the administration of an epinephrine auto-injector if the child-care center maintains an epinephrine auto-injector;**
 - c. A child-care center shall seek emergency medical care for a child if an auto-injector is administered to the child; and**
 - d. A child-care center shall report to the child's parent and the cabinet in accordance with 922 KAR 2:090, Section 13(1)(b), if an epinephrine auto-injector is administered to a child; or**
 - 4. An emergency or rescue medication for a child in care, such as medication to respond to diabetic or asthmatic condition, as prescribed by the child's physician. Emergency or rescue medication shall be inaccessible to a child in care;**
 - (b) Kept in the original bottle; and**
 - (c) Properly labeled.**
 - (7) Medication shall not be given to a child if the medication's expiration date has passed.**

- 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**
 - (1) Medication, including medicine that requires refrigeration, shall be stored in a locked container or area with a lock unless the medication is:**
 - (a) A first aid supply. A first aid supply shall be maintained in accordance with subsection (4) of this section;**
 - (b) Diaper cream, sunscreen, or toothpaste. Diaper cream, sunscreen, or toothpaste shall be inaccessible to a child in care;**
 - (c) An epinephrine auto-injector. A family child-care home shall comply with KRS 199.8951, including:**
 - 1. An epinephrine auto-injector shall be inaccessible to a child in care;**
 - 2. A certified family child-care home provider shall have training on the administration of an epinephrine auto-injector if the provider maintains an epinephrine auto-injector for a child;**
 - 3. A certified family child-care home shall seek emergency medical care for a child if an auto-injector is administered to a child; and**
 - 4. A certified family child-care home shall report to the child's parent and the cabinet in accordance with subsection (6) of this section and Section 20(10) of this administrative regulation if an epinephrine auto-injector is administered to a child; or**
 - (d) An emergency or rescue medication for a child in care, such as medication to respond to diabetic or asthmatic condition, as prescribed by the child's physician. Emergency or rescue medication shall be inaccessible to a child in care.**
 - (2) Prescription and nonprescription medication shall be administered to a child in care:**
 - (a) With a written request of the child's parent or the child's prescribing health professional; or**
 - (b) In accordance with KRS 311.646.**
 - (3) Prescription and nonprescription medications shall be:**
 - (a) Labeled; and**
 - (b) Administered according to directions or instructions on the label.**
 - (4) A provider shall:**
 - (a) Maintain first aid supplies that are easily accessible for use in an emergency, and these supplies shall be inaccessible to the children in care;**
 - (b) Wash superficial wounds with soap and water before bandaging;**
 - (c) Use disposable gloves for the clean-up of biological contaminants, such as blood, bodily fluids, or excretions;**
 - (d) Place contaminated clothing or other absorbent materials in a sealed plastic container or bag labeled with the child's name, and returned to the parent; and**
 - (e) Clean and disinfect the soiled surfaces.**
 - (5) First aid supplies shall include a fully-equipped first aid kit containing the following non-expired items:**
 - (a) Adhesive bandages;**
 - (b) Sterile gauze;**
 - (c) Medical tape;**
 - (d) Scissors;**
 - (e) Thermometer;**
 - (f) Disposable gloves; and**

(g) CPR mouthpiece.

(6) A provider shall provide immediate notification of a medical emergency to a child's:

(a) Parent; or

(b) Emergency contact, if the parent is unavailable.

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 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**

(4) Prescription and nonprescription medication shall be administered to a child in care:

(a)

1. With a written request of the child's parent or the child's prescribing health professional; and

2. According to the directions or instructions on the medication's label; or

(b) For epinephrine, in accordance with KRS 199.8951 and 311.646.

(5) The child-care center shall keep a written record of the administration of medication, including:

(a) Time of each dosage;

(b) Date;

(c) Amount;

(d) Name of staff person giving the medication;

(e) Name of the child; and

(f) Name of the medication.

(6) Medication, including refrigerated medication, shall be:

(a) Stored in a separate and locked place, out of the reach of a child unless the medication is:

1. A first aid supply and is maintained in accordance with subsection (1) of this section;

2. Diaper cream, sunscreen, or toothpaste. Diaper cream, sunscreen, or toothpaste shall be inaccessible to a child;

3. An epinephrine auto-injector. A licensed child-care center shall comply with KRS 199.8951 and 311.646, including:

a. An epinephrine auto-injector shall be inaccessible to a child;

b. A child-care center shall have at least one (1) person onsite who has received training on the administration of an epinephrine auto-injector if the child-care

- center maintains an epinephrine auto-injector;
- c. A child-care center shall seek emergency medical care for a child if an auto-injector is administered to the child; and
- d. A child-care center shall report to the child's parent and the cabinet in accordance with 922 KAR 2:090, Section 13(1)(b), if an epinephrine auto-injector is administered to a child; or
- 4. An emergency or rescue medication for a child in care, such as medication to respond to diabetic or asthmatic condition, as prescribed by the child's physician. Emergency or rescue medication shall be inaccessible to a child in care;
 - (b) Kept in the original bottle; and
 - (c) Properly labeled.
 - (7) Medication shall not be given to a child if the medication's expiration date has passed.
- 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**
 - (4) Prescription and nonprescription medication shall be administered to a child in care:
 - (a)
 - 1. With a written request of the child's parent or the child's prescribing health professional; and
 - 2. According to the directions or instructions on the medication's label; or
 - (b) For epinephrine, in accordance with KRS 199.8951 and 311.646.
 - (5) The child-care center shall keep a written record of the administration of medication, including:
 - (a) Time of each dosage;
 - (b) Date;
 - (c) Amount;
 - (d) Name of staff person giving the medication;
 - (e) Name of the child; and
 - (f) Name of the medication.
 - (6) Medication, including refrigerated medication, shall be:
 - (a) Stored in a separate and locked place, out of the reach of a child unless the medication is:
 - 1. A first aid supply and is maintained in accordance with subsection (1) of this section;
 - 2. Diaper cream, sunscreen, or toothpaste. Diaper cream, sunscreen, or toothpaste shall be inaccessible to a child;
 - 3. An epinephrine auto-injector. A licensed child-care center shall comply with KRS 199.8951 and 311.646, including:
 - a. An epinephrine auto-injector shall be inaccessible to a child;
 - b. A child-care center shall have at least one (1) person onsite who has received training on the administration of an epinephrine auto-injector if the child-care center maintains an epinephrine auto-injector;
 - c. A child-care center shall seek emergency medical care for a child if an auto-

injector is administered to the child; and

d. A child-care center shall report to the child's parent and the cabinet in accordance with 922 KAR 2:090, Section 13(1)(b), if an epinephrine auto-injector is administered to a child; or

4. An emergency or rescue medication for a child in care, such as medication to respond to diabetic or asthmatic condition, as prescribed by the child's physician.

Emergency or rescue medication shall be inaccessible to a child in care;

(b) Kept in the original bottle; and

(c) Properly labeled.

(7) Medication shall not be given to a child if the medication's expiration date has passed.

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**

(1) Medication, including medicine that requires refrigeration, shall be stored in a locked container or area with a lock unless the medication is:

(a) A first aid supply. A first aid supply shall be maintained in accordance with subsection (4) of this section;

(b) Diaper cream, sunscreen, or toothpaste. Diaper cream, sunscreen, or toothpaste shall be inaccessible to a child in care;

(c) An epinephrine auto-injector. A family child-care home shall comply with KRS 199.8951, including:

1. An epinephrine auto-injector shall be inaccessible to a child in care;

2. A certified family child-care home provider shall have training on the administration of an epinephrine auto-injector if the provider maintains an epinephrine auto-injector for a child;

3. A certified family child-care home shall seek emergency medical care for a child if an auto-injector is administered to a child; and

4. A certified family child-care home shall report to the child's parent and the cabinet in accordance with subsection (6) of this section and Section 20(10) of this administrative regulation if an epinephrine auto-injector is administered to a child; or

(d) An emergency or rescue medication for a child in care, such as medication to respond to diabetic or asthmatic condition, as prescribed by the child's physician. Emergency or rescue medication shall be inaccessible to a child in care.

(2) Prescription and nonprescription medication shall be administered to a child in care:

(a) With a written request of the child's parent or the child's prescribing health professional; or

(b) In accordance with KRS 311.646.

(3) Prescription and nonprescription medications shall be:

(a) Labeled; and

(b) Administered according to directions or instructions on the label.

(4) A provider shall:

(a) Maintain first aid supplies that are easily accessible for use in an emergency, and these supplies shall be inaccessible to the children in care;

(b) Wash superficial wounds with soap and water before bandaging;

(c) Use disposable gloves for the clean-up of biological contaminants, such as

blood, bodily fluids, or excretions;

(d) Place contaminated clothing or other absorbent materials in a sealed plastic container or bag labeled with the child's name, and returned to the parent; and

(e) Clean and disinfect the soiled surfaces.

(5) First aid supplies shall include a fully-equipped first aid kit containing the following non-expired items:

(a) Adhesive bandages;

(b) Sterile gauze;

(c) Medical tape;

(d) Scissors;

(e) Thermometer;

(f) Disposable gloves; and

(g) CPR mouthpiece.

(6) A provider shall provide immediate notification of a medical emergency to a child's:

(a) Parent; or

(b) Emergency contact, if the parent is unavailable.

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 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

(4) Prescription and nonprescription medication shall be administered to a child in care:

(a)

1. With a written request of the child's parent or the child's prescribing health professional; and

2. According to the directions or instructions on the medication's label; or

(b) For epinephrine, in accordance with KRS 199.8951 and 311.646.

(5) The child-care center shall keep a written record of the administration of medication, including:

(a) Time of each dosage;

(b) Date;

(c) Amount;

(d) Name of staff person giving the medication;

(e) Name of the child; and

(f) Name of the medication.

(6) Medication, including refrigerated medication, shall be:

(a) Stored in a separate and locked place, out of the reach of a child unless the medication is:

1. A first aid supply and is maintained in accordance with subsection (1) of this section;
 2. Diaper cream, sunscreen, or toothpaste. Diaper cream, sunscreen, or toothpaste shall be inaccessible to a child;
 3. An epinephrine auto-injector. A licensed child-care center shall comply with KRS 199.8951 and 311.646, including:
 - a. An epinephrine auto-injector shall be inaccessible to a child;
 - b. A child-care center shall have at least one (1) person onsite who has received training on the administration of an epinephrine auto-injector if the child-care center maintains an epinephrine auto-injector;
 - c. A child-care center shall seek emergency medical care for a child if an auto-injector is administered to the child; and
 - d. A child-care center shall report to the child's parent and the cabinet in accordance with 922 KAR 2:090, Section 13(1)(b), if an epinephrine auto-injector is administered to a child; or
 4. An emergency or rescue medication for a child in care, such as medication to respond to diabetic or asthmatic condition, as prescribed by the child's physician. Emergency or rescue medication shall be inaccessible to a child in care;
- (b) Kept in the original bottle; and
(c) Properly labeled.
- (7) Medication shall not be given to a child if the medication's expiration date has passed.

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

(19) For food provided by the center, all children in the center shall be offered the same food items unless:

- (a) A parent provides written authorization to substitute the food with an alternative that meets the same component requirement; or
- (b) A physician provides written authorization to substitute the food or the food component and includes the food that the child shall not have and the food substitution that the child shall have.

922 KAR 2:090 Section 9 (1)(b) mandates that a written record for each child:

(3) To contain:

- (d) The child's general health status and medical history including, if applicable:
 - (i) Allergies

DRCC's survey method states : "Review children's files to determine compliance.

Siblings' forms may be placed in the same file; however, each child is required to have their own individual information."

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

(1) A provider shall maintain: (b) A written record for each child:

d. Food or other allergies in a documented care plan that includes:

- (i) Instructions regarding the allergy, including any identifying symptoms;
- (ii) Steps taken to avoid and prevent the allergen; and
- (iii) A plan of treatment in the event of an allergic reaction, including medication, doses, and the administration of an epinephrine auto-injector in accordance with Section 16(1)(c) of this administrative regulation.

h. A permission form and allergy care plan if applicable for each trip away from the family child-care home signed by the child's parent in accordance with Section 18(1) of this administrative regulation

- 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 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

(19) For food provided by the center, all children in the center shall be offered the same food items unless:

(a) A parent provides written authorization to substitute the food with an alternative that meets the same component requirement; or

(b) A physician provides written authorization to substitute the food or the food component and includes the food that the child shall not have and the food substitution that the child shall have.

922 KAR 2:090 Section 9 (1)(b) mandates that a written record for each child:

(3) To contain:

(d) The child's general health status and medical history including, if applicable:

(i) Allergies

DRCC's survey method states : "Review children's files to determine compliance.

Siblings' forms may be placed in the same file; however, each child is required to have their own individual information."

- 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) An epinephrine auto-injector. A licensed child-care center shall comply with KRS 199.8951 and 311.646, including:

- a. An epinephrine auto-injector shall be inaccessible to a child;
- b. A child-care center shall have at least one (1) person onsite who has received training on the administration of an epinephrine auto-injector if the child-care center maintains an epinephrine auto-injector;
- c. A child-care center shall seek emergency medical care for a child if an auto-injector is administered to the child; and
- d. A child-care center shall report to the child's parent and the cabinet in accordance with 922 KAR 2:090, Section 13(1)(b), if an epinephrine auto-injector is administered to a child;

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **9922 KAR 2:100 Section 16 Medication and First Aid Subsection 1(c)**

(c) An epinephrine auto-injector. A family child-care home shall comply with KRS 199.8951, including:

1. An epinephrine auto-injector shall be inaccessible to a child in care;
2. A certified family child-care home provider shall have training on the administration of an epinephrine auto-injector if the provider maintains an epinephrine auto-injector for a child;
3. A certified family child-care home shall seek emergency medical care for a child if an auto-injector is administered to a child; and
4. A certified family child-care home shall report to the child's parent and the cabinet in accordance with subsection (6) of this section and Section 20(10) of this administrative regulation if an epinephrine auto-injector is administered to a child;

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

(1) A provider shall maintain: (b) A written record for each child: 3. To contain:

d. Food or other allergies in a documented care plan that includes:

- (i) Instructions regarding the allergy, including any identifying symptoms;
- (ii) Steps taken to avoid and prevent the allergen; and
- (iii) A plan of treatment in the event of an allergic reaction, including medication, doses, and the administration of an epinephrine auto-injector in accordance with Section 16(1)(c) of this administrative regulation.

- 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) An epinephrine auto-injector. A licensed child-care center shall comply with KRS 199.8951 and 311.646, including:

- a. An epinephrine auto-injector shall be inaccessible to a child;
- b. A child-care center shall have at least one (1) person onsite who has received training on the administration of an epinephrine auto-injector if the child-care center maintains an epinephrine auto-injector;
- c. A child-care center shall seek emergency medical care for a child if an auto-injector is administered to the child; and
- d. A child-care center shall report to the child's parent and the cabinet in accordance with 922 KAR 2:090, Section 13(1)(b), if an epinephrine auto-injector is administered to a child;

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**
(1) The premises shall be:
(a) Suitable for the purpose intended;
(b) Kept clean and in good repair; and
(c) Equipped with:
1. A working telephone accessible to a room used by a child; and
2. A list of emergency numbers posted by the telephone or maintained in the

telephone's contact, including numbers for the:

- a. Police department;
- b. Fire department;
- c. Emergency medical care and rescue squad; and
- d. Poison control center.

(2) A child-care center shall be in compliance with the codes administered by the Kentucky Fire Marshal and the local zoning laws.

(3) Fire and emergency exits shall be kept clear of debris.

(4) A working carbon monoxide detector shall be required in a licensed child-care center that is in a home if the home:

- (a) Uses fuel burning appliances; or
- (b) Has an attached garage.

(5) The building shall be constructed to ensure the:

(a) Building is:

1. Dry;
2. Ventilated; and
3. Well lit, including clean light fixtures that are:
 - a. In good repair in all areas; and
 - b. Shielded or have shatter-proof bulbs installed; and

(b) Following are protected:

1. Windows;
2. Doors;
3. Stoves;
4. Heaters;
5. Furnaces;
6. Pipes; and
7. Stairs.

(6) Exclusive of the kitchen, bathroom, hallway, and storage area, there shall be a minimum of thirty-five (35) square feet of space per child.

(7) Measures shall be utilized to control the presence of:

- (a) Rodents;
- (b) Flies;
- (c) Roaches; and
- (d) Other vermin.

(8) An opening to the outside shall be effectively protected against the entrance of vermin by:

- (a) Self-closing doors;
- (b) Closed windows;
- (c) Screening;
- (d) Controlled air current; or
- (e) Other effective means.

(9) Floors, walls, and ceilings shall be smooth, in good repair, and constructed to be easily cleaned.

(10) The water supply shall be:

- (a) Potable;
- (b) Protected from contamination;
- (c) Adequate in quality and volume;
- (d) Under sufficient pressure to permit unrestricted use; and

- (e) Obtained from an approved public water supply or a source approved by the local health department.
- (11) Groundwater supplies for a child-care center caring for:
 - (a) More than twenty-five (25) children shall comply with requirements of the Energy and Environment Cabinet, Division of Water, established in KRS Chapter 151 and 401 KAR Chapter 8, as applicable; or
 - (b) Twenty-five (25) children or less shall secure approval from the:
 - 1. Energy and Environment Cabinet; or
 - 2. Local health department.
- (12) Sewage shall be properly disposed by a method approved by the:
 - (a) Energy and Environment Cabinet; or
 - (b) Cabinet.
- (13) All plumbing shall comply with the State Plumbing Code established in KRS Chapter 318.
- (14) Solid waste shall be kept in a suitable receptacle in accordance with local, county, and state law, as governed by KRS 211.350 to 211.380.
- (15) If a portion of the building is used for a purpose other than child care:
 - (a) Necessary provisions shall be made to avoid interference with the child-care program; and
 - (b) A separate restroom shall be provided for use only by those using the building for its child care purpose.
- (16) The temperature of the indoor area of the premises shall be sixty-five (65) to eighty-two (82) degrees Fahrenheit.
- (17) Outdoor activity shall be restricted based upon:
 - (a) Temperature;
 - (b) Weather conditions;
 - (c) Weather alerts, advisories, and warnings issued by the National Weather Service; or
 - (d) Age or temperament of the child.
- (18) A kitchen shall not be required if:
 - (a) The only food served is an afternoon snack to school-age children; and
 - (b) Adequate refrigeration is maintained.
- (19) The Department of Housing, Buildings and Construction, the Kentucky Fire Marshal's Office, and cabinet shall be contacted concerning a planned new building, addition, or major renovation prior to construction.
- (20) An outdoor play area shall be:
 - (a) Except for an after-school child-care program, located on the premises of a public or state-accredited nonpublic school, fenced for the safety of the children;
 - (b) A minimum of sixty (60) square feet per child, separate from and in addition to the thirty-five (35) square feet minimum pursuant to subsection (6) of this section;
 - (c) Free from:
 - 1. Litter;
 - 2. Glass;
 - 3. Rubbish; and
 - 4. Flammable materials;
 - (d) Safe from foreseeable hazard;
 - (e) Well drained;
 - (f) Well maintained;

(g) In good repair; and

(h) Visible to staff at all times.

(21) A protective surface shall:

(a) Be provided for outdoor play equipment used to:

1. Climb;
2. Swing; and
3. Slide; and

(b) Have a fall zone equal to the height of the equipment.

(22) If a child-care center does not have access to an outdoor play area, an indoor space shall:

(a) Be used as a play area;

(b) Have a minimum of sixty (60) square feet per child, separate from and in addition to the thirty-five (35) square feet minimum pursuant to subsection (6) of this section;

(c) Include equipment for gross motor skills; and

(d) Have a protective surface of at least two (2) inches thick around equipment intended for climbing.

(23) While attending, a child shall:

(a) Have moderate to vigorous activity each day, including active play that:

1. Includes outdoor play unless unavailable pursuant to subsections (17) or (22) of this section;

2. Shall occur for a minimum of;

a. Thirty (30) minutes per day in a half-day program; or

b. Sixty (60) minutes per day in a full-day program; and

3. May be broken into smaller increments of time throughout a day; and

(b) Not be punished or rewarded in regards to play time.

(24) Fences shall be:

(a) Constructed of safe material;

(b) Stable; and

(c) In good condition.

(25) Supports for climbing apparatus and large equipment shall be securely fastened to the ground.

(26) Crawl spaces, such as tunnels, shall be short and wide enough to permit access by adults.

(27) A sandbox shall be:

(a) Constructed to allow for drainage;

(b) Covered while not in use;

(c) Kept clean; and

(d) Checked for vermin prior to use.

(28) Bodies of water that shall not be utilized include:

(a) Portable wading pools;

(b) Natural bodies of water; and

(c) Unfiltered, nondisinfected containers.

(29) A child-care center shall have enough toys, play apparatus, and developmentally appropriate materials to provide each child with a variety of activities during the day, as specified in Section 2 of this administrative regulation.

(30) Storage space shall be provided:

(a) In the form of:

1. Shelves; or
2. Other storage device accessible to the children; and
- (b) In sufficient quantity for each child's personal belongings.
- (31) Supplies shall be stored so that the adult can reach them without leaving a child unattended.

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

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

(1) A provider's home and each play area used for child care shall:

(a) Be free from risk of harm in accordance with the requirements of this administrative regulation; and

(b) Have adequate:

1. Heating and cooling;
2. Light; and
3. Ventilation.

(2) Each floor level used for child care shall have at least one (1):

(a) Unblocked exit to the outside;

(b) Smoke detector, including in the kitchen area and in the children's sleeping areas;

(c) Properly maintained fire extinguisher, including in the kitchen area; and

(d) Carbon monoxide detector if the home:

1. Uses fuel burning appliances; or
2. Has an attached garage.

(3) The areas of the home that are accessible to children in care shall be free from items harmful to children including:

(a) Cleaning supplies, poisons, paints, and insecticides;

(b) Knives, scissors, and sharp objects;

(c) Power tools, lawn mowers, hand tools, nails, and other equipment;

(d) Matches, cigarettes, lighters, combustibles, flammable liquids, and all fire hazards;

(e) Plastic bags; and

(f) Litter and rubbish.

(4) Alcohol shall:

(a) Not be consumed by any person on the certified family child-care home's premises during hours of operation; and

(b) Be kept out of reach and sight of a child in care.

(5) In accordance with KRS 527.070(1), firearms and ammunition shall be stored away from the presence of children, in separate locked containers, which, in order to be opened, require a:

(a) Key; or

(b) Combination.

(6) Electrical outlets not in use shall be covered.

(7) An electric fan, floor furnace, freestanding heater or fireplace, or other source of heat shall:

(a) Be out of the reach of a child; or

(b) Have a safety guard to protect a child from injury.

- (8) A certified family child-care home shall have:**
- (a) At least one (1) accessible and working telephone on each level used for child care while a child in care is present on that level; and**
 - (b) A list of emergency numbers posted on each level used for child care or maintained in the contacts of each telephone, including numbers for the:**
 - 1. Police;**
 - 2. Fire station;**
 - 3. Emergency medical care and rescue squad; and**
 - 4. Poison control center.**
- (9) Equipment and toys shall be:**
- (a) Designated by the manufacturer as developmentally appropriate to the age of children in care;**
 - (b) In sufficient quantity for the number of children in care; and**
 - (c) Safe, sound, clean, and in good repair.**
- (10) Stairs and steps used for children in care shall be:**
- (a) Solid;**
 - (b) Safe; and**
 - (c) Railed.**
- (11) If an infant or toddler is in the care of a provider, indoor stairs with more than two (2) steps shall be blocked.**
- (12) Exclusive of the bathroom and storage area, an indoor area, including furnishings, used for child care shall contain at least thirty-five (35) square feet per child for:**
- (a) Play; and**
 - (b) Activities that meet the developmental needs of the children in care.**
- (13) An outdoor play area shall be free of unavoidable danger or risk.**
- (14) Each child in an outdoor play area shall be under the direct supervision of the provider or assistant.**
- (15) Outdoor stationary play equipment shall be:**
- (a) Securely anchored;**
 - (b) Developmentally appropriate; and**
 - (c) Safe.**
- (16) A trampoline shall not be accessible to a child in the care of a provider.**
- (17) Children in an outside play area shall have constant and active supervision and shall be protected by physical or natural barriers that prohibit access to:**
- (a) Traffic;**
 - (b) Gullies; and**
 - (c) Other hazards.**
- (18) Constant and active supervision shall be maintained around any body of water and shall be inaccessible to children by secured physical or natural barriers of adequate height and appropriately secured except in accordance with subsections (19) and (20) of this section.**
- (19) A swimming pool on the premises shall:**
- (a) Be maintained and free of debris and body waste;**
 - (b) Have a water filtering system or be emptied daily;**
 - (c) Be supervised when in use, with a ratio of one (1) adult to one (1) infant or toddler; and**
 - (d) Be inaccessible to a child when not in use.**

(20) An above-ground pool shall:

- (a) Have a stationary wall no less than four (4) feet tall;
- (b) Have hand holds or foot holds that are inaccessible when the pool is not in use; and
- (c) Be supervised when in use, with a ratio of one (1) adult to one (1) infant or toddler.

(21) A fire drill shall be:

- (a) Conducted during hours of operation at least monthly; and
- (b) Documented.

(22) An earthquake drill, tornado drill, shelter-in-place drill, and lockdown drill shall be:

- (a) Conducted during hours of operation at least quarterly; and
- (b) Documented.

(23) In the event of a natural disaster, fire, shelter-in-place, lockdown, or other emergency, a written plan shall be in place to communicate reunification with families and accommodations for:

- (a) Infants and toddlers;
- (b) Children with disabilities; and
- (c) Children with chronic medical conditions.

(24) A family child-care home shall:

- (a) Be clean;
- (b) Be uncluttered;
- (c) Be free of insects and rodents;
- (d) Have a water supply that is:
 - 1. Potable;
 - 2. Adequate; and
 - 3. From an approved public water supply; and
- (e) Have bathrooms, including toilets, sinks, and potty chairs that are:
 - 1. Sanitary; and
 - 2. In good working condition.

(25) Windows, doors, and outer openings shall be screened to prevent the entrance of vermin.

(26) Indoor and outdoor garbage shall be stored in a waterproof container with a tight-fitting cover.

(27) Playpens and play yards shall:

- (a) Meet the federal standards as issued by the Consumer Product Safety Commission, including 16 C.F.R. 1221;
- (b) Be manufactured for commercial use; and
- (c) Not be used for sleeping or napping.

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 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**
 - (1) The premises shall be:
 - (a) Suitable for the purpose intended;
 - (b) Kept clean and in good repair; and
 - (c) Equipped with:
 - 1. A working telephone accessible to a room used by a child; and
 - 2. A list of emergency numbers posted by the telephone or maintained in the telephone's contact, including numbers for the:
 - a. Police department;
 - b. Fire department;
 - c. Emergency medical care and rescue squad; and
 - d. Poison control center.
 - (2) A child-care center shall be in compliance with the codes administered by the Kentucky Fire Marshal and the local zoning laws.
 - (3) Fire and emergency exits shall be kept clear of debris.
 - (4) A working carbon monoxide detector shall be required in a licensed child-care center that is in a home if the home:
 - (a) Uses fuel burning appliances; or
 - (b) Has an attached garage.
 - (5) The building shall be constructed to ensure the:
 - (a) Building is:
 - 1. Dry;
 - 2. Ventilated; and
 - 3. Well lit, including clean light fixtures that are:
 - a. In good repair in all areas; and
 - b. Shielded or have shatter-proof bulbs installed; and
 - (b) Following are protected:
 - 1. Windows;
 - 2. Doors;
 - 3. Stoves;
 - 4. Heaters;
 - 5. Furnaces;
 - 6. Pipes; and
 - 7. Stairs.
 - (6) Exclusive of the kitchen, bathroom, hallway, and storage area, there shall be a minimum of thirty-five (35) square feet of space per child.
 - (7) Measures shall be utilized to control the presence of:
 - (a) Rodents;
 - (b) Flies;
 - (c) Roaches; and
 - (d) Other vermin.
 - (8) An opening to the outside shall be effectively protected against the entrance

of vermin by:

- (a) Self-closing doors;
- (b) Closed windows;
- (c) Screening;
- (d) Controlled air current; or
- (e) Other effective means.

(9) Floors, walls, and ceilings shall be smooth, in good repair, and constructed to be easily cleaned.

(10) The water supply shall be:

- (a) Potable;
- (b) Protected from contamination;
- (c) Adequate in quality and volume;
- (d) Under sufficient pressure to permit unrestricted use; and
- (e) Obtained from an approved public water supply or a source approved by the local health department.

(11) Groundwater supplies for a child-care center caring for:

(a) More than twenty-five (25) children shall comply with requirements of the Energy and Environment Cabinet, Division of Water, established in KRS Chapter 151 and 401 KAR Chapter 8, as applicable; or

(b) Twenty-five (25) children or less shall secure approval from the:

1. Energy and Environment Cabinet; or
2. Local health department.

(12) Sewage shall be properly disposed by a method approved by the:

- (a) Energy and Environment Cabinet; or
- (b) Cabinet.

(13) All plumbing shall comply with the State Plumbing Code established in KRS Chapter 318.

(14) Solid waste shall be kept in a suitable receptacle in accordance with local, county, and state law, as governed by KRS 211.350 to 211.380.

(15) If a portion of the building is used for a purpose other than child care:

(a) Necessary provisions shall be made to avoid interference with the child-care program; and

(b) A separate restroom shall be provided for use only by those using the building for its child care purpose.

(16) The temperature of the indoor area of the premises shall be sixty-five (65) to eighty-two (82) degrees Fahrenheit.

(17) Outdoor activity shall be restricted based upon:

- (a) Temperature;
- (b) Weather conditions;
- (c) Weather alerts, advisories, and warnings issued by the National Weather Service; or
- (d) Age or temperament of the child.

(18) A kitchen shall not be required if:

- (a) The only food served is an afternoon snack to school-age children; and
- (b) Adequate refrigeration is maintained.

(19) The Department of Housing, Buildings and Construction, the Kentucky Fire Marshal's Office, and cabinet shall be contacted concerning a planned new building, addition, or major renovation prior to construction.

(20) An outdoor play area shall be:

- (a) Except for an after-school child-care program, located on the premises of a public or state-accredited nonpublic school, fenced for the safety of the children;**
- (b) A minimum of sixty (60) square feet per child, separate from and in addition to the thirty-five (35) square feet minimum pursuant to subsection (6) of this section;**
- (c) Free from:**
 - 1. Litter;**
 - 2. Glass;**
 - 3. Rubbish; and**
 - 4. Flammable materials;**
- (d) Safe from foreseeable hazard;**
- (e) Well drained;**
- (f) Well maintained;**
- (g) In good repair; and**
- (h) Visible to staff at all times.**

(21) A protective surface shall:

- (a) Be provided for outdoor play equipment used to:**
 - 1. Climb;**
 - 2. Swing; and**
 - 3. Slide; and**
- (b) Have a fall zone equal to the height of the equipment.**

(22) If a child-care center does not have access to an outdoor play area, an indoor space shall:

- (a) Be used as a play area;**
- (b) Have a minimum of sixty (60) square feet per child, separate from and in addition to the thirty-five (35) square feet minimum pursuant to subsection (6) of this section;**
- (c) Include equipment for gross motor skills; and**
- (d) Have a protective surface of at least two (2) inches thick around equipment intended for climbing.**

(23) While attending, a child shall:

- (a) Have moderate to vigorous activity each day, including active play that:**
 - 1. Includes outdoor play unless unavailable pursuant to subsections (17) or (22) of this section;**
 - 2. Shall occur for a minimum of;**
 - a. Thirty (30) minutes per day in a half-day program; or**
 - b. Sixty (60) minutes per day in a full-day program; and**
 - 3. May be broken into smaller increments of time throughout a day; and**
- (b) Not be punished or rewarded in regards to play time.**

(24) Fences shall be:

- (a) Constructed of safe material;**
- (b) Stable; and**
- (c) In good condition.**

(25) Supports for climbing apparatus and large equipment shall be securely fastened to the ground.

(26) Crawl spaces, such as tunnels, shall be short and wide enough to permit access by adults.

(27) A sandbox shall be:

- (a) Constructed to allow for drainage;
- (b) Covered while not in use;
- (c) Kept clean; and
- (d) Checked for vermin prior to use.
- (28) Bodies of water that shall not be utilized include:
 - (a) Portable wading pools;
 - (b) Natural bodies of water; and
 - (c) Unfiltered, nondisinfected containers.
- (29) A child-care center shall have enough toys, play apparatus, and developmentally appropriate materials to provide each child with a variety of activities during the day, as specified in Section 2 of this administrative regulation.
- (30) Storage space shall be provided:
 - (a) In the form of:
 1. Shelves; or
 2. Other storage device accessible to the children; and
 - (b) In sufficient quantity for each child's personal belongings.
- (31) Supplies shall be stored so that the adult can reach them without leaving a child unattended.

- 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: Subsections 20, 24 & 28**
 - (20) An outdoor play area shall be:
 - (a) Except for an after-school child-care program, located on the premises of a public or state-accredited nonpublic school, fenced for the safety of the children;
 - (24) Fences shall be:
 - (a) Constructed of safe material;
 - (b) Stable; and
 - (c) In good condition.
 - (28) Bodies of water that shall not be utilized include:
 - (a) Portable wading pools;
 - (b) Natural bodies of water; and
 - (c) Unfiltered, nondisinfected containers.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Section 12. The General Requirements of the Family Child-Care Home Environment Subsections 17 - 20**
 - (17) Children in an outside play area shall have constant and active supervision and shall be protected by physical or natural barriers that prohibit access to:
 - (a) Traffic;
 - (b) Gullies; and
 - (c) Other hazards.
 - (18) Constant and active supervision shall be maintained around any body of water and shall be inaccessible to children by secured physical or natural barriers of adequate height and appropriately secured except in accordance with

subsections (19) and (20) of this section.

(19) A swimming pool on the premises shall:

- (a) Be maintained and free of debris and body waste;
- (b) Have a water filtering system or be emptied daily;
- (c) Be supervised when in use, with a ratio of one (1) adult to one (1) infant or toddler; and
- (d) Be inaccessible to a child when not in use.

(20) An above-ground pool shall:

- (a) Have a stationary wall no less than four (4) feet tall;
- (b) Have hand holds or foot holds that are inaccessible when the pool is not in use; and
- (c) Be supervised when in use, with a ratio of one (1) adult to one (1) infant or toddler.

- 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: Subsections 20, 24 & 28**
 - (20) An outdoor play area shall be:
 - (a) Except for an after-school child-care program, located on the premises of a public or state-accredited nonpublic school, fenced for the safety of the children;
 - (24) Fences shall be:
 - (a) Constructed of safe material;
 - (b) Stable; and
 - (c) In good condition.
 - (28) Bodies of water that shall not be utilized include:
 - (a) Portable wading pools;
 - (b) Natural bodies of water; and
 - (c) Unfiltered, nondisinfected containers.
- 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 Subsections 20 & 24**
 - (20) An outdoor play area shall be:

- (a) Except for an after-school child-care program, located on the premises of a public or state-accredited nonpublic school, fenced for the safety of the children; and
- (d) Safe from foreseeable hazard;

(24) Fences shall be:

- (a) Constructed of safe material;
- (b) Stable; and
- (c) In good condition.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Certification of Family Child-Care Homes Section 12 The General Requirements of the Family Child-Care Home Environment Subsections 1 & 17**

(1) A provider's home and each play area used for child care shall:

- (a) Be free from risk of harm in accordance with the requirements of this administrative regulation;

(17) Children in an outside play area shall have constant and active supervision and shall be protected by physical or natural barriers that prohibit access to:

- (a) Traffic;
- (b) Gullies; and
- (c) Other hazards

- 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 Subsections 20 & 24**

(20) An outdoor play area shall be:

- (a) Except for an after-school child-care program, located on the premises of a public or state-accredited nonpublic school, fenced for the safety of the children; and
- (d) Safe from foreseeable hazard;

(24) Fences shall be:

- (a) Constructed of safe material;
- (b) Stable; and
- (c) In good condition.

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: **922 KAR 2:120 Child-care health and safety standards, Section 2 Child Care Services: Section (11) A child shall not be subjected to:**
 - (a) Corporal physical discipline pursuant to KRS 199.896(18);
 - (b) Loud, profane, threatening, frightening, humiliating, or abusive language; or
 - (c) Discipline that is associated with:
 1. Rest;
 2. Toileting;
 3. Play time; or
 4. Food.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Certification of family child care homes Section 13 Care Requirements for a Provider**
 - (15) Use of corporal physical discipline shall be prohibited pursuant to KRS 199.896(18).
 - (16) A Provider shall ensure precautions are taken to prevent shaken baby syndrome, abusive head trauma, and child maltreatment.
 - 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: **There are not specific standards that dictate the prevention of pediatric abusive head trauma or shaken baby syndrome for Registered Relative Providers, outside of the required training at the initial application and renewal.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **There are not specific standards that dictate the prevention of pediatric abusive head trauma or shaken baby syndrome for Registered Relative Providers, outside of the required training at the initial application and renewal.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **922 KAR 2:120 Child-care health and**

safety standards, Section 2 Child Care Services:

Section (11) A child shall not be subjected to:

(a) Corporal physical discipline pursuant to KRS 199.896(18);

(b) Loud, profane, threatening, frightening, humiliating, or abusive language; or

(c) Discipline that is associated with:

1. Rest;

2. Toileting;

3. Play time; or

4. Food.

- 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: **922 KAR 2:120 Child-care health and safety standards, Section 2 Child Care Services: Section (11) A child shall not be subjected to:**
 - (a) Corporal physical discipline pursuant to KRS 199.896(18);
 - (b) Loud, profane, threatening, frightening, humiliating, or abusive language; or
 - (c) Discipline that is associated with:
 - 1. Rest;
 - 2. Toileting;
 - 3. Play time; or
 - 4. Food.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Certification of family child care homes Section 13 Care Requirements for a Provider**
 - (1) A provider shall ensure the health, safety, and comfort of each child.
 - (15) Use of corporal physical discipline shall be prohibited pursuant to KRS 199.896(18).
 - (16) A Provider shall ensure precautions are taken to prevent shaken baby syndrome, abusive head trauma, and child maltreatment.
 - 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: **There are not specific standards that dictate the prevention of pediatric abusive head trauma or shaken baby syndrome for Registered Relative Providers, outside of the required training at the initial application and renewal.**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **There are not specific standards that dictate the prevention of pediatric abusive head trauma or shaken baby syndrome for Registered Relative Providers, outside of the required training at the initial application and renewal.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **922 KAR 2:120 Child-care health and**

safety standards, Section 2 Child Care Services:

Section (11) A child shall not be subjected to:

(a) Corporal physical discipline pursuant to KRS 199.896(18);

(b) Loud, profane, threatening, frightening, humiliating, or abusive language; or

(c) Discipline that is associated with:

1. Rest;

2. Toileting;

3. Play time; or

4. Food.

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: **The Division of Child Care received a non-compliance notice on December 13, 2021 and June 15, 2023 because the monitoring team did not find evidence that DCC has requirements in place for Licensed Type I, Type II, and Certified Family Child Care Providers that include the volunteer practice drill components of emergency preparedness and response planning. Additionally, the monitoring visit did not find evidence of emergency preparedness and response planning and accommodations for infant and toddlers, children with disabilities, and children with chronic medical conditions.**

At this time DCC is requesting additional time to continue work on the TA received for the emergency preparedness and response planning with the expected completion of the changes being completed by early 2025. Currently the professional development team is working with the Child Care Aware Health and Safety regional manager to update the "Licensed Provider Evacuation Planning Form" and the "Certified Provider Evacuation Planning Form" to include planning resources specific to the special populations requested in the TA. DCC Professional Development team is also updating the Emergency Preparedness Training to include specific resources for the special populations requested in the TA, and to award 1 training credit hour to incentivize providers to have their staff take this training for free. Additionally, DCC has updated the regulations to include a more clear definition for the role of "volunteers" and will be amended the proposed regulation 922 KAR 2:090 to include:

Section 9 (J) "A written plan and diagram outlining the course of action in the event of a natural or manmade disaster, including drills posted in a prominent place; and provided to all staff, volunteers and visitors" And section 10) F) "Assure the development, implementation, and monitoring of child-care centers plans, policies, and procedures for staff, volunteers and visitors." And (G) "Supervise staff, volunteer and visitor conduct to ensure implementation of program policies and procedures."

The public comment period will be ending August 31, 2024 and after that is completed we will amend with our internal process for approval of the amendment. The expected time of completion for these regulatory changes are November 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 Child-care center health and safety standards**
Section 3. General Requirements
(7) The following shall be inaccessible to a child in care:
 - (a) Toxic cleaning supplies, poisons, and insecticides;
 - (b) Matches, cigarettes, lighters, and flammable liquids; and
 - (c) Personal belongings and medications of staff. **(8) The following shall be inaccessible to a child in care unless under direct supervision and part of planned program of instruction:**
 - (a) Knives and sharp objects;
 - (b) Litter and rubbish;
 - (c) Bar soap; and
 - (d) Plastic bags not used for personal belongings. **(9) In accordance with KRS 527.070(1), firearms and ammunition shall be stored separately from each other**

in a locked area outside of the designated child care area.

(10) Smoking or vaping shall:

- (a) Be permitted in accordance with local ordinances;
- (b) Be allowed only in outside designated areas; and
- (c) Not be permitted in the presence of a child.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Section 12(3)** from <https://apps.legislature.ky.gov/law/kar/titles/922/002/100/>

(3) The areas of the home that are accessible to children in care shall be free from items harmful to children including:

- (a) Cleaning supplies, poisons, paints, and insecticides;
- (b) Knives, scissors, and sharp objects;
- (c) Power tools, lawn mowers, hand tools, nails, and other equipment;
- (d) Matches, cigarettes, lighters, combustibles, flammable liquids, and all fire hazards;
- (e) Plastic bags; and
- (f) Litter and rubbish.

- 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 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 Child-care center health and safety standards**

Section 3. General Requirements

(7) The following shall be inaccessible to a child in care:

- (a) Toxic cleaning supplies, poisons, and insecticides;
- (b) Matches, cigarettes, lighters, and flammable liquids; and
- (c) Personal belongings and medications of staff. (8) The following shall be inaccessible to a child in care unless under direct supervision and part of planned program of instruction:

- (a) Knives and sharp objects;
- (b) Litter and rubbish;
- (c) Bar soap; and
- (d) Plastic bags not used for personal belongings. (9) In accordance with KRS

527.070(1), firearms and ammunition shall be stored separately from each other in a locked area outside of the designated child care area.

(10) Smoking or vaping shall:

- (a) Be permitted in accordance with local ordinances;
- (b) Be allowed only in outside designated areas; and
- (c) Not be permitted in the presence of a child.

- 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 Child-care center health and safety standards**
Section 4. Premises Requirements
(12) Sewage shall be properly disposed by a method approved by the:
 - (a) Energy and Environment Cabinet; or
 - (b) Cabinet.**(13) All plumbing shall comply with the State Plumbing Code established in KRS Chapter 318.**
(14) Solid waste shall be kept in a suitable receptacle in accordance with local, county, and state law, as governed by KRS 211.350 to 211.380.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Certification of family child-care homes.**
Section 13. Care Requirements for a Provider.
(18) Waste and biological contaminants, such as bodily fluids, blood, or excretions, shall be:
 - (a) Disposed of in a manner that prevents exposure to children;
 - (b) Inaccessible to children; and
 - (c) In a covered plastic-lined receptacle with a close-fitting lid.
 - 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 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 Child-care center health and safety standards**
Section 4. Premises Requirements
(12) Sewage shall be properly disposed by a method approved by the:

- (a) Energy and Environment Cabinet; or
- (b) Cabinet.
- (13) All plumbing shall comply with the State Plumbing Code established in KRS Chapter 318.
- (14) Solid waste shall be kept in a suitable receptacle in accordance with local, county, and state law, as governed by KRS 211.350 to 211.380.

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 Child-care center health and safety standards**
Section 14. Transportation
 - (1) A center shall document compliance with KRS Chapter 186 and 603 KAR 5:072 pertaining to:
 - (a) Vehicles;
 - (b) Drivers; and
 - (c) Insurance.
 - (2) A center providing or arranging transportation service shall:
 - (a) Be licensed and approved by the cabinet or its designee prior to transporting a child;
 - (b) Have a written plan that details the type of transportation, staff schedule, transportation schedule, and transportation route; and
 - (c) Have written policies and procedures, including emergency procedures practiced monthly by staff who transports children.
 - (3) Prior to transporting a child, a center providing transportation services of a child shall notify the cabinet or its designee in writing of the:
 - (a) Type of transportation offered;
 - (b) Type of vehicle used for transportation;
 - (c) Plan for ensuring staff perform duties relating to transportation properly;
 - (d) Full insurance coverage for each vehicle;
 - (e) Agency policy and procedures relating to an emergency plan for evacuating the vehicle;
 - (f) Contracts, agreements, or documents detailing arrangements with any third party for services; and
 - (g) Safety procedures for:
 - 1. Transporting a child;
 - 2. Loading and unloading a child; and
 - 3. Providing adequate supervision of a child.
 - (4) A vehicle used to transport children shall be equipped with:
 - (a) A fire extinguisher;
 - (b) First aid supplies as established in Section 7 of this administrative regulation;
 - (c) Emergency reflective triangles; and
 - (d) A device to cut the restraint system, if necessary.
 - (5) Transportation provided by licensed public transportation or a school bus shall

comply with subsections (1) and (2) of this section.

(6) A vehicle used to transport children shall comply with the requirements established in paragraphs (a) through (d) of this subsection.

(a) For a twelve (12) or more passenger vehicle, the child-care center shall maintain a current certification of inspection from the Transportation Cabinet.

(b) A vehicle that requires traffic to stop while loading and unloading a child shall be equipped with a system of:

1. Signal lamps;
2. Identifying colors; and
3. Cautionary words.

(c) A vehicle shall be equipped with seat belts for each occupant to be individually secured.

(d) A vehicle shall not transport children and hazardous materials at the same time.

(7) The appropriate car safety seat meeting federal and state motor vehicle safety standards in 49 C.F.R. 571.213 and KRS 189.125 shall be used for each child.

(8) A daily inspection of the vehicle shall be performed prior to the vehicle's use and documented for:

- (a) Tire inflation consistent with tire manufacturer's recommended air pressure;
- (b) Working lights, signals, mirrors, gauges, and wiper blades;
- (c) Working safety restraints;
- (d) Adequate fuel level; and
- (e) Cleanliness and good repair.

(9)

(a) The staff-to-child ratios set forth in Section 2

(2) of this administrative regulation shall apply to vehicle transport, if not inconsistent with special requirements or exceptions in this section.

(b) An individual who is driving with a child in the vehicle shall supervise no more than four (4) children under the age of five (5).

(10) Each child shall:

- (a) Have a seat;
- (b) Be individually belted or harnessed in the seat; and
- (c) Remain seated while the vehicle is in motion. (11) A child shall not be left unattended:

(a) At the site of aftercare delivery; or

(b) In a vehicle.

(12) If the parent or designee is unavailable, a prearranged written plan shall be completed to designate where the child can be picked up.

(13) A child shall not be picked up or delivered to a location that requires crossing the street or highway unless accompanied by an adult.

(14) A vehicle transporting a child shall have the headlamps on.

(15) If a vehicle needs to be refueled, it shall be refueled only while not being used to transport a child. If emergency refueling or repair is necessary during transporting, all children shall be removed and supervised by an adequate number of adults while refueling or repair is occurring.

(16) If the driver is not in the driver's seat, the:

- (a) Engine shall be turned off;
- (b) Keys shall be removed; and

- (c) Emergency brake shall be set.
- (17) Transportation services provided shall:
 - (a) Be recorded in writing and include:
 1. The first and last name of the child transported; and
 2. The time each child gets on and the time each child gets off;
 - (b) Be completed by a staff member other than the driver; and
 - (c) Be kept for five (5) years.
- (18) A driver of a vehicle transporting a child for a center shall:
 - (a) Be at least twenty-one (21) years old;
 - (b) Complete:
 1. The background checks as described in 922 KAR 2:280; and
 2. An annual check of the:
 - a. Kentucky driver history records in accordance with KRS 186.018; or
 - b. Driver history records through the state transportation agency that issued the driver's license;
 - (c) Hold a current driver's license that has not been suspended or revoked during the last five (5) years; and
 - (d) Not caused an accident that resulted in the death of a person.
- (19) Firearms, ammunition, alcohol, or illegal substances shall not be transported in a vehicle transporting children.
- (20)
 - (a) Based on the harm, threat, or danger to a child's health, safety, and welfare, the cabinet shall revoke a center's privilege to transport a child or pursue an adverse action in accordance with Section 15, 16, 17, or 18 of 922 KAR 2:090: 1. For a violation of this section; or
 - 2. If the center:
 - a. Fails to report an accident in accordance with 922 KAR 2:090, Section 13; or
 - b. Transports more passengers than the vehicle's seating capacity and safety restraints can accommodate.
 - (b) Revocation of a center's privilege to provide transportation services in accordance with paragraph (a) of this subsection shall:
 1. Apply to each site listed under the licensee; and
 2. Remain effective for no less than a twelve (12) month period.
- (21) A parent may use the parent's vehicle to transport the parent's child during a field trip.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **922 KAR 2:100 Certification of family child-care homes.**
Section 18. Transportation
 - (1) If transportation is provided or arranged by the certified family child-care home provider, the provider shall:
 - (a) Have written permission from a parent to transport his or her child;
 - (b) Have a car or van equipped with seat belts;
 - (c) Require that a child:
 1. Be restrained in an appropriate safety seat meeting state and federal motor vehicle safety standards in accordance with KRS 189.125 and 49 C.F.R. 571.213;

- 2. Remain seated while the vehicle is in motion; and
- 3. If under thirteen (13) years of age, be transported in the back seat;
- (d) Have emergency and identification information about each child in the vehicle if children are being transported; and
- (e) Conform to state laws pertaining to vehicles, driver's license, and insurance pursuant to KRS 186.020.
- (2) A child shall not be left unattended:
 - (a) At the site of aftercare delivery; or
 - (b) In a vehicle.
- (3) A child shall not be left in a vehicle while it is being repaired.
- (4) The back of a pickup truck shall not be used to transport a child.
- (5) Firearms, ammunition, alcohol, or illegal substances shall not be transported in a vehicle transporting children.
- (6) A vehicle shall not transport children and hazardous materials at the same time.
- (7) A vehicle transporting a child shall have the headlamps on.
- (8) If the driver is not in the driver's seat, the:
 - (a) Engine shall be turned off;
 - (b) Keys shall be removed; and
 - (c) Emergency brake shall be set.
- (9) A driver of a vehicle transporting a child for a certified provider shall:
 - (a) Be at least twenty-one (21) years old;
 - (b) Complete:
 - 1. The background checks described in Section 2(2)(c)5 or 2(5) of this administrative regulation; and
 - 2. An annual check of the:
 - a. Kentucky driver history records in accordance with KRS 186.018; or
 - b. Driver history records through the state transportation agency that issued the driver's license;
 - (c) Hold a current driver's license that has not been suspended or revoked during the last five (5) years; and
 - (d) Not have caused an accident which resulted in the death of a person.
 - (10) Based on the harm, threat, or danger to a child's health, safety, and welfare, the cabinet shall pursue an adverse action in accordance with Section 5, 6, 7, or 8 of this administrative regulation:
 - (a) For a violation of this section; or
 - (b) If the provider:
 - 1. Fails to report an accident in accordance with Section 20(10)(a) of this administrative regulation; or
 - 2. Transports more passengers than the vehicle's seating capacity and safety restraints can accommodate.

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 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 Child-care center health and safety standards**
- Section 14. Transportation**
- (1) A center shall document compliance with KRS Chapter 186 and 603 KAR 5:072 pertaining to:**
- (a) Vehicles;**
 - (b) Drivers; and**
 - (c) Insurance.**
- (2) A center providing or arranging transportation service shall:**
- (a) Be licensed and approved by the cabinet or its designee prior to transporting a child;**
 - (b) Have a written plan that details the type of transportation, staff schedule, transportation schedule, and transportation route; and**
 - (c) Have written policies and procedures, including emergency procedures practiced monthly by staff who transports children.**
- (3) Prior to transporting a child, a center providing transportation services of a child shall notify the cabinet or its designee in writing of the:**
- (a) Type of transportation offered;**
 - (b) Type of vehicle used for transportation;**
 - (c) Plan for ensuring staff perform duties relating to transportation properly;**
 - (d) Full insurance coverage for each vehicle;**
 - (e) Agency policy and procedures relating to an emergency plan for evacuating the vehicle;**
 - (f) Contracts, agreements, or documents detailing arrangements with any third party for services; and**
 - (g) Safety procedures for:**
 - 1. Transporting a child;**
 - 2. Loading and unloading a child; and**
 - 3. Providing adequate supervision of a child.**
- (4) A vehicle used to transport children shall be equipped with:**
- (a) A fire extinguisher;**
 - (b) First aid supplies as established in Section 7 of this administrative regulation;**
 - (c) Emergency reflective triangles; and**
 - (d) A device to cut the restraint system, if necessary.**
- (5) Transportation provided by licensed public transportation or a school bus shall comply with subsections (1) and (2) of this section.**
- (6) A vehicle used to transport children shall comply with the requirements established in paragraphs (a) through (d) of this subsection.**
- (a) For a twelve (12) or more passenger vehicle, the child-care center shall maintain a current certification of inspection from the Transportation Cabinet.**

(b) A vehicle that requires traffic to stop while loading and unloading a child shall be equipped with a system of:

1. Signal lamps;
2. Identifying colors; and
3. Cautionary words.

(c) A vehicle shall be equipped with seat belts for each occupant to be individually secured.

(d) A vehicle shall not transport children and hazardous materials at the same time.

(7) The appropriate car safety seat meeting federal and state motor vehicle safety standards in 49 C.F.R. 571.213 and KRS 189.125 shall be used for each child.

(8) A daily inspection of the vehicle shall be performed prior to the vehicle's use and documented for:

- (a) Tire inflation consistent with tire manufacturer's recommended air pressure;
- (b) Working lights, signals, mirrors, gauges, and wiper blades;
- (c) Working safety restraints;
- (d) Adequate fuel level; and
- (e) Cleanliness and good repair.

(9)

(a) The staff-to-child ratios set forth in Section 2

(2) of this administrative regulation shall apply to vehicle transport, if not inconsistent with special requirements or exceptions in this section.

(b) An individual who is driving with a child in the vehicle shall supervise no more than four (4) children under the age of five (5).

(10) Each child shall:

- (a) Have a seat;
- (b) Be individually belted or harnessed in the seat; and
- (c) Remain seated while the vehicle is in motion. (11) A child shall not be left unattended:

(a) At the site of aftercare delivery; or

(b) In a vehicle.

(12) If the parent or designee is unavailable, a prearranged written plan shall be completed to designate where the child can be picked up.

(13) A child shall not be picked up or delivered to a location that requires crossing the street or highway unless accompanied by an adult.

(14) A vehicle transporting a child shall have the headlamps on.

(15) If a vehicle needs to be refueled, it shall be refueled only while not being used to transport a child. If emergency refueling or repair is necessary during transporting, all children shall be removed and supervised by an adequate number of adults while refueling or repair is occurring.

(16) If the driver is not in the driver's seat, the:

- (a) Engine shall be turned off;
- (b) Keys shall be removed; and
- (c) Emergency brake shall be set.

(17) Transportation services provided shall:

(a) Be recorded in writing and include:

1. The first and last name of the child transported; and
2. The time each child gets on and the time each child gets off;

(b) Be completed by a staff member other than the driver; and

(c) Be kept for five (5) years.

(18) A driver of a vehicle transporting a child for a center shall:

(a) Be at least twenty-one (21) years old;

(b) Complete:

1. The background checks as described in 922 KAR 2:280; and

2. An annual check of the:

a. Kentucky driver history records in accordance with KRS 186.018; or

b. Driver history records through the state transportation agency that issued the driver's license;

(c) Hold a current driver's license that has not been suspended or revoked during the last five (5) years; and

(d) Not caused an accident that resulted in the death of a person.

(19) Firearms, ammunition, alcohol, or illegal substances shall not be transported in a vehicle transporting children.

(20)

(a) Based on the harm, threat, or danger to a child's health, safety, and welfare, the cabinet shall revoke a center's privilege to transport a child or pursue an adverse action in accordance with Section 15, 16, 17, or 18 of 922 KAR 2:090: 1.

For a violation of this section; or

2. If the center:

a. Fails to report an accident in accordance with 922 KAR 2:090, Section 13; or

b. Transports more passengers than the vehicle's seating capacity and safety restraints can accommodate.

(b) Revocation of a center's privilege to provide transportation services in accordance with paragraph

(a) of this subsection shall:

1. Apply to each site listed under the licensee; and

2. Remain effective for no less than a twelve (12) month period.

(21) A parent may use the parent's vehicle to transport the parent's child during a field trip.

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.

The Division of Child Care received a non-compliance notice on December 13, 2021, because the monitoring team did not find evidence that DCC has requirements in place for all CCDF-funded providers (appropriate to provider setting and age of children served) requirements to include pediatric first aid and CPR. DCC has completed updates to all license types to include the requirement of pediatric first aid training appropriate to provider setting and age served. Registered Relative care provider regulations were updated in October 2023 to include providing verification for the required cabinet-approved trainings: "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;".

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

Certified Provider regulations were updated April 2024 to include applicants seeking certification shall be currently certified by an agency approved in accordance with 922 KAR 2:240 in infant, child and adult: (1) Cardiopulmonary resuscitation (CPR); and (2) First aid. Certified regulations for assistants were also updated to prior to being left alone with a child, an assistant shall be certified by a cabinet-approved agency in infant, child and adult: (a) Cardiopulmonary Resuscitation (CPR); and (b) First aid.

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

Licensed Provider regulations were updated in May 2024 and are currently in Proposed status, with the expectation the regulation will be passed after the open comment period. The proposed regulations include the following changes for CCDF compliance: 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 the following skills: (a) Infant and child cardiopulmonary resuscitation; and (b) Infant and child first aid. (4) 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: (a) Adult cardiopulmonary resuscitation; and (b) First aid.

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

- 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.

The Division of Child Care received a non-compliance notice on December 13, 2021 because the monitoring team did not find evidence that DCC has requirements in place for all CCDF-funded providers (appropriate to provider setting and age of children served) requirements to include pediatric first aid and CPR. DCC has completed updates to all license types to include the requirement of pediatric first aid training appropriate to provider setting and age served. Registered Relative care provider regulations were updated in October 2023 to include providing verification for the required cabinet-approved trainings: "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;".

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Certified Provider regulations were updated April 2024 to include applicants seeking certification shall be currently certified by an agency approved in accordance with 922 KAR 2:240 in infant, child and adult: (1) Cardiopulmonary resuscitation (CPR); and (2) First aid. Certified regulations for assistants were also updated to prior to being left alone with a child, an assistant shall be certified by a cabinet-approved agency in infant, child and adult: (a) Cardiopulmonary Resuscitation (CPR); and (b) First aid.

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

- 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 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**

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

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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.

The Division of Child Care received a non-compliance notice on December 13, 2021 because the monitoring team did not find evidence that DCC has requirements in place for all CCDF-funded providers (appropriate to provider setting and age of children served) requirements to include pediatric first aid and CPR. DCC has completed updates to all license types to include the requirement of pediatric first aid training appropriate to provider setting and age served. Registered Relative care provider regulations were updated in October 2023 to include providing verification for the required cabinet-approved trainings: "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;"

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

Certified Provider regulations were updated April 2024 to include applicants seeking certification shall be currently certified by an agency approved in accordance with 922 KAR 2:240 in infant, child and adult: (1) Cardiopulmonary resuscitation (CPR); and (2) First aid. Certified regulations for assistants were also updated to prior to being left alone with a child, an assistant shall be certified by a cabinet-approved agency in infant, child and adult: (a) Cardiopulmonary Resuscitation (CPR); and (b) First aid.

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

Licensed Provider regulations were updated in May 2024 and are currently in Proposed status, with the expectation the regulation will be passed after the open comment period. The proposed regulations include the following changes for CCDF compliance: 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 the following skills: (a) Infant and child cardiopulmonary resuscitation; and (b) Infant and child first aid. (4) 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: (a) Adult cardiopulmonary resuscitation; and (b) First aid.

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

- 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.

The Division of Child Care received a non-compliance notice on December 13, 2021 because the monitoring team did not find evidence that DCC has requirements in place for all CCDF-funded providers (appropriate to provider setting and age of children served) requirements to include pediatric first aid and CPR. DCC has completed updates to all license types to include the requirement of pediatric first aid training appropriate to provider setting and age served. Registered Relative care provider regulations were updated in October 2023 to include providing verification for the required cabinet-approved trainings: "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;"

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

Certified Provider regulations were updated April 2024 to include applicants seeking certification shall be currently certified by an agency approved in accordance with 922 KAR 2:240 in infant, child and adult: (1) Cardiopulmonary resuscitation (CPR); and (2) First aid. Certified regulations for assistants were also updated to prior to being left alone with a child, an assistant shall be certified by a cabinet-approved agency in infant, child and adult: (a) Cardiopulmonary Resuscitation (CPR); and (b) First aid.

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

Licensed Provider regulations were updated in May 2024 and are currently in Proposed status, with the expectation the regulation will be passed after the open comment period. The proposed regulations include the following changes for CCDF compliance: 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 the following skills: (a) Infant and child cardiopulmonary resuscitation; and (b) Infant and child first aid. (4) 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: (a) Adult cardiopulmonary resuscitation; and (b) First aid.

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

- 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 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.

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.**

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

Section 2

(3)

(a) Each center shall maintain a child-care program that assures each child shall be:

1. Provided with adequate supervision at all times by a qualified staff person who ensures the child is: a. Within scope of vision and range of voice; or b. For a school-age child, within scope of vision or range of voice; and

2. Protected from abuse and neglect.

(b) The program shall include:

1. A procedure to ensure compliance with and inform child care staff of the laws of the Commonwealth pertaining to child abuse or neglect set forth in KRS 620.030

KRS 620.030 Duty to report dependency, neglect, abuse, human trafficking, or female genital mutilation ☐ husband-wife and professional-client/patient privileges not grounds for refusal to report ☐ statewide reporting system ☐ exceptions ☐ penalties.

(1) Any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused shall immediately cause an oral or written report, including but not limited to electronic submissions, to be made to a local law enforcement agency or to the Department of Kentucky State Police, the cabinet or its designated representative, the Commonwealth's attorney, or the county attorney by telephone or otherwise. If the cabinet receives a report of abuse or neglect allegedly committed by a person other than a parent, guardian, fictive kin, person in a position of authority, person in a position of special trust, or person exercising custodial control or supervision, the cabinet shall refer the matter to the Commonwealth's attorney or the responsible for the abuse or neglect; and

e. Any other information that the person making the report believes may be helpful in the furtherance of the purpose of this section.

(b) Upon notification, the supervisor or the designated agent, if any, shall facilitate the cooperation of the institution, school, facility, or agency with the investigation of the report.

(c) Any person who knowingly causes intimidation, retaliation, or obstruction in the investigation of the report shall be guilty of a Class A misdemeanor.

(d) This section shall not require more than one (1) report from any institution,

school, facility, or agency.

- 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.**

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

Section 2. Certification process

(9) Within three (3) months of submission to the cabinet of a complete OIG-DRCC-03, an applicant shall:

(a) In accordance with KRS 199.8982(1)(a)(6), demonstrate completion of six (6) hours of cabinet-approved pre-service orientation training in the following topics:

1. Federal minimum health and safety requirements established in 45 C.F.R. 98.41 related to:

- a. Prevention and control of infectious diseases, including immunization;
- b. Prevention of sudden infant death syndrome and use of safe sleeping practices;
- c. Administration of medication, consistent with standards for parental consent;
- d. Prevention of and response to emergencies due 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 for emergencies resulting from a natural disaster or a human-caused event;
- h. Handling and storage of hazardous materials and the appropriate disposal of biological contaminants; and
- i. Precautions in transporting children;

2. Recognizing and reporting child abuse; and

3. Developmentally appropriate practices; and

(b) Develop and implement a written plan for obtaining:

1. Three (3) hours of cabinet-approved training within the first year of operation, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training in accordance with KRS 199.8982(2); and

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 (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years as required in Section 10(1) of this administrative regulation.

Section 16 Medication and First Aid

(8) A provider and an assistant shall: (a) Be able to recognize symptoms of childhood illnesses;

(b) Be able to provide basic first aid; and

(c) Maintain a child care program that assures affirmative steps are taken to protect children from abuse or neglect pursuant to KRS 600.020(1).

Section 19 Records

(4) A certified family child-care home provider shall:

(a) Report an incident of suspected child abuse or neglect pursuant to KRS 620.030; and

(b) 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.**

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

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 providers (2)

(a) An applicant may receive conditional approval in accordance with Section 4(2) of this administrative regulation;

(b) 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:

1. Recognition of child abuse and neglect, which shall include one and one-half (1.5) hours of cabinet-approved pediatric abusive head trauma training in accordance with KRS 199.896(16); and

2. 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; and

(c) An applicant who fails to complete the training required by paragraph (b) of this subsection shall be subject to cabinet action in accordance with Section 4(4) of this administrative regulation.

Section 7. Renewal of Registration

(2) To renew child care provider registration prior to the expiration of the registration, a registered child care provider shall:

(a) Meet the requirements specified in:

1. Sections 2, 5, and 6 of this administrative regulation; and
2. 922 KAR 2:280;
 - (b) Complete, and provide verification of, one and one-half (1 1/2) hours of pediatric abusive head trauma training once and each subsequent five (5) years of employment or operation as a child care provider;
 - (c) Obtain certification in cabinet-approved age-appropriate cardiopulmonary resuscitation (CPR) and first aid; and
 - (d) Complete cabinet-approved training on billing and utilizing the DCC-94E in accordance with 922 KAR 2:160.

- 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

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 providers (2)

(a) An applicant may receive conditional approval in accordance with Section 4(2) of this administrative regulation;

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1. Recognition of child abuse and neglect, which shall include one and one-half (1.5) hours of cabinet-approved pediatric abusive head trauma training in accordance with KRS 199.896(16); and

2. 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; and

(c) An applicant who fails to complete the training required by paragraph (b) of this subsection shall be subject to cabinet action in accordance with Section 4(4) of this administrative regulation.

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(a) Meet the requirements specified in:

1. Sections 2, 5, and 6 of this administrative regulation; and
2. 922 KAR 2:280;

(b) Complete, and provide verification of, one and one-half (1 1/2) hours of pediatric abusive head trauma training once and each subsequent five (5) years of employment or operation as a child care provider;

(c) Obtain certification in cabinet-approved age-appropriate cardiopulmonary resuscitation (CPR) and first aid; and

(d) Complete cabinet-approved training on billing and utilizing the DCC-94E in accordance with 922 KAR 2:160.

- 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.

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

Section 2

(3)

(a) Each center shall maintain a child-care program that assures each child shall be:

1. Provided with adequate supervision at all times by a qualified staff person who ensures the child is: a. Within scope of vision and range of voice; or b. For a school-age child, within scope of vision or range of voice; and
2. Protected from abuse and neglect.

(b) The program shall include:

1. A procedure to ensure compliance with and inform child care staff of the laws of the Commonwealth pertaining to child abuse or neglect set forth in KRS 620.030

KRS 620.030 Duty to report dependency, neglect, abuse, human trafficking, or female genital mutilation ☐ husband-wife and professional-client/patient privileges not grounds for refusal to report ☐ statewide reporting system ☐ exceptions ☐ penalties.

(1) Any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused shall immediately cause an oral or written report, including but not limited to electronic submissions, to be made to a local law enforcement agency or to the Department of Kentucky State Police, the cabinet or its designated representative, the Commonwealth's attorney, or the county attorney by telephone or otherwise. If the cabinet receives a report of

abuse or neglect allegedly committed by a person other than a parent, guardian, fictive kin, person in a position of authority, person in a position of special trust, or person exercising custodial control or supervision, the cabinet shall refer the matter to the Commonwealth's attorney or the responsible for the abuse or neglect; and

e. Any other information that the person making the report believes may be helpful in the furtherance of the purpose of this section.

(b) Upon notification, the supervisor or the designated agent, if any, shall facilitate the cooperation of the institution, school, facility, or agency with the investigation of the report.

(c) Any person who knowingly causes intimidation, retaliation, or obstruction in the investigation of the report shall be guilty of a Class A misdemeanor.

(d) This section shall not require more than one (1) report from any institution, school, facility, or agency.

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.**

KRS 620.030 Duty to report dependency, neglect, abuse, human trafficking, or female genital mutilation ☐ husband-wife and professional-client/patient privileges not grounds for refusal to report ☐ statewide reporting system ☐ exceptions ☐ penalties.

(1) Any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused shall immediately cause an oral or written report, including but not limited to electronic submissions, to be made to a local law enforcement agency or to the Department of Kentucky State Police, the cabinet or its designated representative, the Commonwealth's attorney, or the county attorney by telephone or otherwise. If the cabinet receives a report of abuse or neglect allegedly committed by a person other than a parent, guardian, fictive kin, person in a position of authority, person in a position of special trust, or person exercising custodial control or supervision, the cabinet shall refer the matter to the Commonwealth's attorney or the responsible for the abuse or neglect; and the local law enforcement agency or the Department of Kentucky State Police. Nothing in this section shall relieve individuals of their obligations to report.

(2)

(a) Any person, including but not limited to a physician, osteopathic physician, nurse, teacher, school personnel, social worker, coroner, medical examiner, child-caring personnel, resident, intern, chiropractor, dentist, optometrist, emergency medical technician, paramedic, health professional, mental health professional, peace officer, or any organization or agency for any of the above, who knows or has reasonable cause to believe that a child is dependent, neglected, or abused, regardless of whether the person believed to have caused the dependency, neglect, or abuse is a parent, guardian, fictive kin, person in a position of

authority, person in a position of special trust, person exercising custodial control or supervision, or another person, or who has attended such child as a part of his or her professional duties, shall:

1. Immediately make an oral or written report, including but not limited to electronic submissions, in accordance with subsection (1) of this section;
 2. Immediately notify the supervisor of the institution, school, facility, agency, or designated agent of the person in charge; and
 3. If requested, in addition to the report required in subsection (1) or (3) of this section, file with the local law enforcement agency or the Department of Kentucky State Police, the cabinet or its designated representative, the Commonwealth's attorney, or county attorney within forty-eight (48) hours of the original report a written report, including but not limited to electronic submissions, containing:
 - a. The names and addresses of the child and his or her parents or other persons exercising custodial control or supervision;
 - b. The child's age;
 - c. The nature and extent of the child's alleged dependency, neglect, or abuse, including any previous charges of dependency, neglect, or abuse, to this child or his or her siblings;
 - d. The name and address of the person allegedly responsible for the abuse or neglect; and
 - e. Any other information that the person making the report believes may be helpful in the furtherance of the purpose of this section.
- (b) Upon notification, the supervisor or the designated agent, if any, shall facilitate the cooperation of the institution, school, facility, or agency with the investigation of the report.
- (c) Any person who knowingly causes intimidation, retaliation, or obstruction in the investigation of the report shall be guilty of a Class A misdemeanor.
- (d) This section shall not require more than one (1) report from any institution, school, facility, or agency.

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)

(3) (a) Each center shall maintain a child-care program that assures each child shall be:

1. Provided with adequate supervision at all times by a qualified staff person who ensures the child is: a. Within scope of vision and range of voice; or b. For a school-age child, within scope of vision or range of voice; and
2. Protected from abuse and neglect.

(b) The program shall include:

1. A procedure to ensure compliance with and inform child care staff of the laws of the Commonwealth pertaining to child abuse or neglect set forth in KRS 620.030

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**

Section 19 Records

(4) A certified family child-care home provider shall:

(a) Report an incident of suspected child abuse or neglect pursuant to KRS 620.030; and

(b) 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.**

KRS 620.030 - Duty to report dependency, neglect, abuse, human trafficking, or female genital mutilation ☐ husband-wife and professional-client/patient privileges not grounds for refusal to report ☐ statewide reporting system ☐ exceptions ☐ penalties.

(1) Any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused shall immediately cause an oral or written report, including but not limited to electronic submissions, to be made to a local law enforcement agency or to the Department of Kentucky State Police, the cabinet or its designated representative, the Commonwealth's attorney, or the county attorney by telephone or otherwise. If the cabinet receives a report of abuse or neglect allegedly committed by a person other than a parent, guardian, fictive kin, person in a position of authority, person in a position of special trust, or person exercising custodial control or supervision, the cabinet shall refer the matter to the Commonwealth's attorney or the county attorney and the local law enforcement agency or the Department of Kentucky State Police. Nothing in this section shall relieve individuals of their obligations to report.

(2)

(a) Any person, including but not limited to a physician, osteopathic physician, nurse, teacher, school personnel, social worker, coroner, medical examiner, child-caring personnel, resident, intern, chiropractor, dentist, optometrist, emergency medical technician, paramedic, health professional, mental health professional, peace officer, or any organization or agency for any of the above, who knows or has reasonable cause to believe that a child is dependent, neglected, or abused, regardless of whether the person believed to have caused the dependency, neglect, or abuse is a parent, guardian, fictive kin, person in a position of authority, person in a position of special trust, person exercising custodial control or supervision, or another person, or who has attended such child as a part of his or her professional duties, shall:

- 1. Immediately make an oral or written report, including but not limited to electronic submissions, in accordance with subsection (1) of this section;**
- 2. Immediately notify the supervisor of the institution, school, facility, agency, or designated agent of the person in charge; and**
- 3. If requested, in addition to the report required in subsection (1) or (3) of this section, file with the local law enforcement agency or the Department of Kentucky State Police, the cabinet or its designated representative, the Commonwealth's attorney, or county attorney within forty-eight (48) hours of the original report a written report, including but not limited to electronic submissions, containing:**
 - a. The names and addresses of the child and his or her parents or other persons exercising custodial control or supervision;**
 - b. The child's age;**
 - c. The nature and extent of the child's alleged dependency, neglect, or abuse, including any previous charges of dependency, neglect, or abuse, to this child or his or her siblings;**
 - d. The name and address of the person allegedly responsible for the abuse or neglect; and**
 - e. Any other information that the person making the report believes may be helpful in the furtherance of the purpose of this section.**

(b) Upon notification, the supervisor or the designated agent, if any, shall facilitate the cooperation of the institution, school, facility, or agency with the investigation of the report.

(c) Any person who knowingly causes intimidation, retaliation, or obstruction in the investigation of the report shall be guilty of a Class A misdemeanor.

(d) This section shall not require more than one (1) report from any institution, school, facility, or agency.

- 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.**

KRS 620.030 [AJK(DD1) Duty to report dependency, neglect, abuse, human trafficking, or female genital mutilation ☐ husband-wife and professional-client/patient privileges not grounds for refusal to report ☐ statewide reporting system ☐ exceptions ☐ penalties.

(1) Any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused shall immediately cause an oral or written report, including but not limited to electronic submissions, to be made to a local law enforcement agency or to the Department of Kentucky State Police, the cabinet or its designated representative, the Commonwealth's attorney, or the county attorney by telephone or otherwise. If the cabinet receives a report of abuse or neglect allegedly committed by a person other than a parent, guardian, fictive kin, person in a position of authority, person in a position of special trust, or person exercising custodial control or supervision, the cabinet shall refer the matter to the Commonwealth's attorney or the county attorney and the local law enforcement agency or the Department of Kentucky State Police. Nothing in this section shall relieve individuals of their obligations to report.

(2)

(a) Any person, including but not limited to a physician, osteopathic physician, nurse, teacher, school personnel, social worker, coroner, medical examiner, child-caring personnel, resident, intern, chiropractor, dentist, optometrist, emergency medical technician, paramedic, health professional, mental health professional, peace officer, or any organization or agency for any of the above, who knows or has reasonable cause to believe that a child is dependent, neglected, or abused, regardless of whether the person believed to have caused the dependency, neglect, or abuse is a parent, guardian, fictive kin, person in a position of authority, person in a position of special trust, person exercising custodial control or supervision, or another person, or who has attended such child as a part of his or her professional duties, shall:

- 1. Immediately make an oral or written report, including but not limited to electronic submissions, in accordance with subsection (1) of this section;**
- 2. Immediately notify the supervisor of the institution, school, facility, agency, or designated agent of the person in charge; and**
- 3. If requested, in addition to the report required in subsection (1) or (3) of this**

section, file with the local law enforcement agency or the Department of Kentucky State Police, the cabinet or its designated representative, the Commonwealth's attorney, or county attorney within forty-eight (48) hours of the original report a written report, including but not limited to electronic submissions, containing:

- a. The names and addresses of the child and his or her parents or other persons exercising custodial control or supervision;
- b. The child's age;
- c. The nature and extent of the child's alleged dependency, neglect, or abuse, including any previous charges of dependency, neglect, or abuse, to this child or his or her siblings;
- d. The name and address of the person allegedly responsible for the abuse or neglect; and
- e. Any other information that the person making the report believes may be helpful in the furtherance of the purpose of this section.

(b) Upon notification, the supervisor or the designated agent, if any, shall facilitate the cooperation of the institution, school, facility, or agency with the investigation of the report.

(c) Any person who knowingly causes intimidation, retaliation, or obstruction in the investigation of the report shall be guilty of a Class A misdemeanor.

(d) This section shall not require more than one (1) report from any institution, school, facility, or agency.

- 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.

KRS 620.030 Duty to report dependency, neglect, abuse, human trafficking, or female genital mutilation ☐ husband-wife and professional-client/patient privileges not grounds for refusal to report ☐ statewide reporting system ☐ exceptions ☐ penalties.

(1) Any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused shall immediately cause an oral or written report, including but not limited to electronic submissions, to be made to a local law enforcement agency or to the Department of Kentucky State Police, the cabinet or its designated representative, the Commonwealth's attorney, or the county attorney by telephone or otherwise. If the cabinet receives a report of abuse or neglect allegedly committed by a person other than a parent, guardian, fictive kin, person in a position of authority, person in a position of special trust, or person exercising custodial control or supervision, the cabinet shall refer the matter to the Commonwealth's attorney or the responsible for the abuse or neglect; and the local law enforcement agency or the Department of Kentucky State Police. Nothing in this section shall relieve individuals of their obligations to report.

(2)

(a) Any person, including but not limited to a physician, osteopathic physician, nurse, teacher, school personnel, social worker, coroner, medical examiner, child-caring personnel, resident, intern, chiropractor, dentist, optometrist, emergency

medical technician, paramedic, health professional, mental health professional, peace officer, or any organization or agency for any of the above, who knows or has reasonable cause to believe that a child is dependent, neglected, or abused, regardless of whether the person believed to have caused the dependency, neglect, or abuse is a parent, guardian, fictive kin, person in a position of authority, person in a position of special trust, person exercising custodial control or supervision, or another person, or who has attended such child as a part of his or her professional duties, shall:

1. Immediately make an oral or written report, including but not limited to electronic submissions, in accordance with subsection (1) of this section;
 2. Immediately notify the supervisor of the institution, school, facility, agency, or designated agent of the person in charge; and
 3. If requested, in addition to the report required in subsection (1) or (3) of this section, file with the local law enforcement agency or the Department of Kentucky State Police, the cabinet or its designated representative, the Commonwealth's attorney, or county attorney within forty-eight (48) hours of the original report a written report, including but not limited to electronic submissions, containing:
 - a. The names and addresses of the child and his or her parents or other persons exercising custodial control or supervision;
 - b. The child's age;
 - c. The nature and extent of the child's alleged dependency, neglect, or abuse, including any previous charges of dependency, neglect, or abuse, to this child or his or her siblings;
 - d. The name and address of the person allegedly responsible for the abuse or neglect; and
 - e. Any other information that the person making the report believes may be helpful in the furtherance of the purpose of this section.
- (b) Upon notification, the supervisor or the designated agent, if any, shall facilitate the cooperation of the institution, school, facility, or agency with the investigation of the report.
- (c) Any person who knowingly causes intimidation, retaliation, or obstruction in the investigation of the report shall be guilty of a Class A misdemeanor.
- (d) This section shall not require more than one (1) report from any institution, school, facility, or agency.

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)

(3) (a) Each center shall maintain a child-care program that assures each child shall be:

1. Provided with adequate supervision at all times by a qualified staff person who ensures the child is: a. Within scope of vision and range of voice; or b. For a school-age child, within scope of vision or range of voice; and
2. Protected from abuse and neglect.

(b) The program shall include:

1. A procedure to ensure compliance with and inform child care staff of the laws of the Commonwealth pertaining to child abuse or neglect set forth in KRS 620.030

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**
- Section 9. Food and Drink Requirements for All Child-Care Centers.**
- (1) Food shall be:**
- (a) Clean;**
- (b) Free from:**
- 1. Spoilage;**
 - 2. Adulteration; and**
 - 3. Misbranding;**

- (c) Safe for human consumption;
- (d) Withheld from service or discarded if the food is hermetically sealed, nonacidic, or low-acidic food that has been processed in a place other than a commercial food processing establishment;
- (e) Obtained from a source that is in compliance with the Department for Public Health's food safety standards and permits, established in KRS Chapter 217;
- (f) Acceptable if from an established commercial food store;
- (g) Served in a quantity that is developmentally appropriate for the child with additional portions provided upon request of the child; and
- (h) Protected against contamination from:
 1. Dust;
 2. Flies;
 3. Rodents and other vermin;
 4. Unclean utensils and work surfaces;
 5. Unnecessary handling;
 6. Coughs and sneezes;
 7. Cuts in skin;
 8. Communicable disease;
 9. Flooding;
 10. Drainage; and
 11. Overhead leakage.
- (2) Food shall not be:
 - (a) Used for reward;
 - (b) Used for discipline;
 - (c) Withheld until all other foods are consumed; or
 - (d) Served while viewing electronic devices.
- (3) A serving of milk shall consist of:
 - (a) Breast milk or iron-fortified formula for a child: 1. Age birth to twelve (12) months; or
 2. Beyond twelve (12) months of age as documented by the parent or the child's physician;

- (b) Pasteurized unflavored whole milk for children ages twelve (12) months to twenty four (24) months; or
- (c) Pasteurized unflavored low fat one (1) percent or fat-free skim milk for children ages twenty-four (24) months to school-age.
- (4) Formula or breast milk provided by the parent shall be prepared and labeled.
- (5) A child-care center may participate in the Child and Adult Care Food Program (CACFP).
- (6) A serving of bread shall only consist of whole or enriched grain.
- (7) Drinking water shall be freely available to a child throughout the day.
- (8) Food shall be stored on:
 - (a) Clean racks;
 - (b) Clean shelves;
 - (c) Other clean surfaces; or
 - (d) If maintained in a sanitary condition, in nonabsorbent labeled containers a minimum of six (6) inches off the floor.
- (9) Fruits and vegetables shall be washed before cooking or serving.
- (10) Children shall not be served food that has been deep-fried on-site.
- (11) Meat salads, poultry salads, and cream-filled pastries shall be:
 - (a) Prepared with utensils that are clean; and
 - (b) Refrigerated unless served immediately.
- (12) An individual portion of food served to a child or adult shall not be served again.
- (13) Wrapped food that is still wholesome and has not been unwrapped may be reserved.
- (14) Meals shall be:
 - (a) Served every two (2) to three (3) hours; and (b) Served to a child:
 1. Seated with sufficient room to manage food and tableware; and
 2. Supplied with individual eating utensils designed for use by a child.
- (15) Drinks served to children shall not have added sugar. Children shall drink water, milk, or 100% juice with meals.
- (16) Juice shall:

- (a) Not include added sugar;
- (b) Not be served more than once per day;
- (c) Not be served to children under the age of twelve (12) months; and
- (d) Serve as a fruit or vegetable meal component replacement.

(17) A meat alternative shall include:

- (a) Tofu;
- (b) Soy products;
- (c) Cheese, including cottage or ricotta cheese;
- (d) Eggs;
- (e) Cooked dry beans;
- (f) Peanut butter or soy nut butter;
- (g) Yogurt, plain or flavored; or
- (h) Peanuts, soy nuts, tree nuts, or seeds.

(18) Cheese shall be natural and pasteurized processed cheese. Children shall not be served cheese product, imitation cheese, cheese food, or cheese spread as a meat alternative.

(19) For food provided by the center, all children in the center shall be offered the same food items unless:

- (a) A parent provides written authorization to substitute the food with an alternative that meets the same component requirement; or
- (b) A physician provides written authorization to substitute the food or the food component and includes the food that the child shall not have and the food substitution that the child shall have.

(20) Children shall be served all daily food components required by Section 10 or 11 of this administrative regulation

922 KAR 2:120 Section 10 Meal Planning Requirements for a Center that Provides Meals

(1) Breakfast shall include the following three (3) components:

- (a) Milk;
- (b) Bread or grain, which may:

1. Be exchanged for a meat or meat alternative up to three (3) times per

week; and

2. Include ready-to-eat cereal with six (6) grams of sugar or less per dry ounce; and

(c) 1. Fruit; 2. Vegetable; or 3. 100 percent juice. (2) A snack shall include two (2) of the following components:

(a) Milk;

(b) Meat or meat alternative;

(c) Bread or grain; or

(d)

1. Fruit;

2. Vegetable; or

3. 100 percent juice.

(3) Lunch, and dinner if served, shall include the following components:

(a) Milk;

(b) Meat or meat alternative;

(c) Bread or grain; and

(d)

1. Two (2) different vegetables; or

2. One (1) fruit and one (1) vegetable.

(4) A grain-based dessert shall not replace the bread or grain component of a meal.

(5) Yogurt served to children shall have twenty-three (23) grams of sugar or less per six (6) ounces.

(6) The serving size for milk shall be:

(a) Four (4) ounces for one (1) or two (2) year old children;

(b) Six (6) ounces for three (3) to five (5) year old children; or

(c) Eight (8) ounces for school-age children.

(7) At least one (1) whole grain bread or grain shall be served daily.

(8) A component shall be considered "whole grain" if:

(a) The product is listed by any state agency's Special Supplemental Nutrition Program for Women, Infants, and Children as whole grain;

(b) The product is labeled as "whole wheat" and has a Standard of Identity

issued by the U.S. Food and Drug Administration (FDA);

(c) The product includes one of the FDA-approved whole grain health claims on its packaging, exactly as written;

(d) The product meets the whole grain-rich criteria under the National School Lunch Program (NSLP);

(e) The product is identified on the package as "whole grain," "whole wheat," or "whole grain-rich"; or

(f) Proper documentation from a manufacturer or standardized recipe demonstrates that whole grains are the primary grain ingredient by weight.

(9) A weekly menu shall be:

(a) Prepared;

(b) Dated;

(c) Posted in advance in a conspicuous place;

(d) Kept on file for thirty (30) days; and

(e) Amended in writing with any substitutions on the day the meal is served.

922 KAR 2:120 Section 11 Meal Planning Requirements for a Center that Does Not Provide Meals

(1) A child-care center that does not provide meals shall serve:

(a) 1. Breakfast; or

2. A mid-morning snack;

(b) 1. Lunch; or

2. A mid-afternoon snack; and

(c) Dinner, if appropriate.

(2) Breakfast shall include three (3) of the following components:

(a) Milk;

(b) Bread or grain;

(c) Meat or meat alternative; or

(d) 1. Fruit; 2. Vegetable; or

3. 100 percent juice.

(3) A snack shall include two (2) of the following components:

(a) Milk;

- (b) Bread or grain;
 - (c) Meat or meat alternative; or
 - (d) 1. Fruit;
 - 2. Vegetable; or
 - 3. 100 percent juice.
- (4) Lunch, and dinner if served, shall include:
- (a) Milk;
 - (b) Bread or grain;
 - (c) Meat or meat alternative; and
 - (d)
 - 1. Two (2) different vegetables; or
 - 2. One (1) fruit and one (1) vegetable.

922 KAR 2:100 Section 15 Food Requirements

- (1) A provider and an assistant shall:
- (a) Use sanitary procedures when preparing and serving food;
 - (b) Refrigerate perishable food and beverages; and
 - (c) Serve:
 - 1. Breast milk or iron-fortified formula to a child: a. Age birth to twelve (12) months; or
 - b. Beyond twelve (12) months of age as documented by the parent or the child's physician;
 - 2. Pasteurized whole milk to a child age twelve (12) months to twenty-four (24) months; or
 - 3. Pasteurized skim or low fat one (1) percent milk to a child age twenty-four (24) months to school-age.
- (2) Water shall be:
- (a) Available to a child in care; and
 - (b) Served in addition to meal requirements if a child requests throughout the day.
- (3) A certified family child-care home shall offer each child the same food items unless the child's parent or health professional documents a dietary

restriction that necessitates an alternative food item for the child.

(4) Second servings shall be available to a child. (5) Food shall not be:

(a) Used for:

1. Reward; or
2. Discipline; or

(b) Withheld until all other food items are consumed.

(6) Meals shall:

- (a) Be served in an amount appropriate to the age of the child;
- (b) Include appropriate types of food according to the age of the child;
- (c) Not be served during television or video viewing;
- (d) Be served every two (2) to three (3) hours; and
- (e) Be served to a child:
 1. Seated with sufficient room to manage food and tableware; and
 2. Supplied with individual eating utensils designed for use by a child.

(7) Breakfast shall include:

- (a) Milk;
- (b) A whole grain or an enriched grain bread; and (c) Fruit, vegetable, or 100 percent juice.

(8) A snack shall include two (2) of the following: (a) Milk;

- (b) Protein source;
- (c) Fruit, vegetable, or 100 percent juice; or
- (d) A whole grain or an enriched grain bread.

(9) Lunch and dinner shall include:

- (a) Milk;
- (b) Protein source;
- (c)
 1. Two (2) vegetables;
 2. Two (2) fruits; or
 3. One (1) fruit and one (1) vegetable; and
- (d) A whole grain or an enriched grain bread.

(10) A weekly menu shall be:

- (a) Prepared;

(b) Dated;

(c) Available to a parent of a child in care or the cabinet upon request; and

(d) Kept on file for thirty (30) calendar days.

(11) Substitutions to a weekly menu shall be noted on the day the meal is served.

(12) Unless provided as part of the fee for child care or the provider is a participant in the food program, an infant's formula shall be prepared, labeled, and provided by the parent.

(13) Each child's bottle shall be:

(a) Labeled;

(b) Covered; and

(c) Refrigerated.

(14) The refrigerator shall:

(a) Be in working order; and

(b) Maintain a product temperature at or below forty-five (45) degrees Fahrenheit.

(15) Except if thawed for preparation or use, frozen food shall be kept at a temperature of zero degrees Fahrenheit as verified by a thermometer in the freezer.

(16) While bottle-feeding an infant, the:

(a) Child shall be held; and

(b) Bottle shall not be:

1. Propped;

2. Left in the mouth of a sleeping infant; or

3. Heated in a microwave.

(17) A certified family child-care home shall meet requirements of subsections (1)(c) and (7) through (9) of this section if the provider participates in the Child and Adult Food Care Program and meets meal requirements specified in 7 C.F.R. 226.20.

- ii. Access to physical activity. Describe: **922 KAR 2:120 Section 4 Premises Requirements Subsection 22(a)**

(22) If a child-care center does not have access to an outdoor play area, an indoor space shall: (a) Be used as a play area; (b) Have a minimum of sixty (60) square feet per child, separate from and in addition to the thirty-five (35) square feet minimum pursuant to subsection (6) of this section; (c) Include equipment for gross motor skills; and (d) Have a protective surface of at least two (2) inches thick around equipment intended for climbing.

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

(d)

(13) A certified family child care home shall provide a daily planned program:

- (a) That is available to a parent of a child in care or the cabinet upon request;
- (b) Of activities that are developmentally appropriate for each child served;
- (c) That provides experience to promote the individual child's physical, emotional, social, and intellectual growth and well-being; and
- (d) That offers a variety of creative activities, such as:

1. Art or music;
2. Math or numbers;
3. Dramatic play;
4. Stories and books;
5. Science or nature;
6. Block building or stacking;
7. Tactile or sensory activity;
8. Multi-cultural exposure;
9. Indoor or outdoor play in which a child makes use of both small and large muscles;
10. A balance of active and quiet play, including group and individual activity; and
11. An opportunity for a child to:
 - a. Have some free choice of activities;
 - b. If desired, play apart from the group at times; and
 - c. Practice developmentally appropriate self-help procedures in respect to:
 - (i) Clothing;

- (ii) Toileting;**
- (iii) Hand-washing; and**
- (iv) Eating.**

iii. Caring for children with special needs. Describe: **922 KAR 2:120 Section 2 Subsection 13(a)(b)**

(13) (a) 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. (b) A child may include a person eighteen (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)

(2) (a) 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. (b) A child may include a person eighteen (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**

(1) All toys and furniture contacted by a child shall be:

- (a) Kept clean and in good repair; and**
- (b) Free of peeling, flaking, or chalking paint.**

(2) Indoor and outdoor equipment shall:

- (a) Be clean, safe, and in good repair;**
- (b) Meet the physical, developmental needs, and interests of children of different age groups;**
- (c) Be free from sharp points or corners, splinters, protruding nails or bolts, loose or rusty parts, hazardous small parts, lead-based paint, poisonous material, and flaking or chalking paint; and**
- (d) Be designed to guard against entrapment or situations that may cause**

strangulation.

(3) Toys shall be:

(a) Used according to the manufacturer's safety specifications;

(b) Durable; and

(c) Without sharp points or edges.

(4) A toy or another item that is considered a mouth contact surface by a child not toilet trained shall be sanitized daily by:

(a)

1. Scrubbing in warm, soapy water using a brush to reach into crevices;

2. Rinsing in clean water;

3. Submerging in a sanitizing solution for at least two (2) minutes; and

4. Air dried; or

(b) Cleaning in a dishwasher if the toy or other item is dishwasher safe.

(5) Tables and chairs shall be of suitable size for children.

(6) Chairs appropriate for staff shall be provided to use while feeding, holding, or playing with a child.

922 KAR 2:120 Section 15 Animals

(1) An animal shall not be allowed in the presence of a child in care:

(a) Unless:

1. The animal is under the supervision and control of an adult;

2. Written parental consent has been obtained; and

3. The animal is certified as vaccinated against rabies; or

(b) Except in accordance with subsection (3) of this section.

(2) A parent shall be notified in writing if a child has been bitten or scratched by an animal.

(3) An animal that is considered undomesticated, wild, or exotic shall not be allowed at a child-care center unless the animal is:

(a) A part of a planned program activity led by an animal specialist affiliated with a zoo or nature conservatory; and

(b) In accordance with 301 KAR 2:081 and 301 KAR 2:082.

(4) This section shall not apply to wild animals on the outer property of the

child-care center that are expected to be found outdoors, such as squirrels and birds, if they are not:

- (a) Disturbed; or
- (b) Brought indoors

922 KAR 2:100 Section 17 Animals

(1) An animal shall not be allowed in the presence of a child in care:

(a) Unless:

- 1. The animal is under the supervision and control of an adult;**
- 2. Written parental consent has been obtained; and**
- 3. The animal is certified as vaccinated against rabies; or**

(b) Except in accordance with subsection (3) of this section.

(2) A parent shall be notified in writing if a child has been bitten or scratched by an animal.

(3) An animal that is considered undomesticated, wild, or exotic shall not be allowed at a certified family child-care home unless the animal is:

- (a) A part of a planned program activity led by an animal specialist affiliated with a zoo or nature conservatory; and**
- (b) In accordance with 301 KAR 2:081 and 301 KAR 2:082.**

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)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. SIDS prevention and use of safe sleep practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Administration of medication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Prevention and response to food and allergic reactions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Emergency preparedness and response planning and procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Handling and storage of hazardous materials and disposal of biocontaminants	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Appropriate Precautions in transporting children, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Pediatric first aid and pediatric CPR (age-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

appropriate)			
k. Child abuse and neglect recognition and reporting	[x]	[x]	[]
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	[x]	[x]	[]

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **The pre-service Orientation discusses vehicle-related injuries (in recognizing and removing/limiting potential safety hazards) but does not discuss precautions in transporting children.**

g. Per the preliminary notice on 6/15/2023, the pre-service Orientation training is missing components required for Emergency Preparedness and Response training. Current non-compliances included: lack of requirements for volunteer training and participation in drills, and accommodations of infants and toddlers, children with disabilities, and children with chronic medical conditions. Kentucky requests additional time to develop the policy for further compliance. Proposed regulations will support the correction of the non-compliances and are anticipated to be complete by the end of 2024. Additionally, considerations for specific populations mentioned will be further developed in the Orientation content.

i. After further review this is an area that needs to be updated in our preservice Orientation curriculum and we will be correcting Orientation to include this with an expected time frame of December 2024. While vehicular related accidents are covered in Orientation, Transportation related regulations and resources are available.

j. Per the preliminary notice on 6/15/2023, the preservice Orientation was not compliant in the requirement for pediatric first aid and pediatric CPR (age appropriate). Orientation was updated to include a section on pediatric first aid and CPR training in 2021. The Lead Agency also created a training specific to CPR and First Aid., "Non Certified First Aid and CPR for Early Childhood Professionals" to ensure each staff member in a program has training in these areas, if not a certification.

922 KAR 2:090 Child care center licensure Section 11 Staff Requirements:

(3) 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 the following skills:

- (a) Infant and child cardiopulmonary resuscitation; and**
- (b) Infant and child first aid.**

All Certified providers and contracted substitutes are required to have certification in age-appropriate CPR and First Aid.

922 KAR 2:100 Certification of family child care homes Section 10 (6) Standards for the provider:

(6) Prior to being left alone with a child, an assistant shall be certified by a cabinet-approved agency in infant, child, and adult:

- (a) Cardiopulmonary resuscitation (CPR); and
- (b) First aid.

- 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: **The Division of Child Care received a non-compliance notice issued 6/15/2023, non compliances were found that the Lead Agency monitors for completion of pre-service/orientation training, but the pre-service/orientation training does not include all required components of the topics. Additionally, although the Lead Agency monitors for the completion of ongoing training, the ongoing training isn't sufficient for all of the provider types.**

The Monitoring Team did not find evidence that the Lead Agency conducts pre-licensure and annual inspections that address the following:

-All Licensed Type I and II providers for compliance with health and safety standards on the following components of emergency preparedness and

response: volunteer emergency preparedness training and practice drills and accommodations of infants and toddlers, children with disabilities, and children with chronic medical conditions

The Lead Agency is affirming that additional time is needed to create the technical assistance, guidance, and standards to comply with the findings of the monitoring visit.

-All Licensed Type I and II providers for compliance with pre-service/orientation training requirements for pediatric first aid and CPR.

Orientation was updated to include a section on pediatric first aid and CPR training in 2021. The Lead Agency also created a training specific to CPR and First Aid., "Non Certified First Aid and CPR for Early Childhood Professionals" to ensure each staff member in a program has training in these areas, if not a certification.

922 KAR 2:090 Child care center licensure Section 11 Staff Requirements:

(3) 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 the following skills:

- (a) Infant and child cardiopulmonary resuscitation; and
- (b) Infant and child first aid.

All Certified providers and contracted substitutes are required to have certification in age-appropriate CPR and First Aid.

922 KAR 2:100 Certification of family child care homes Section 10 (6) Standards for the provider:

(6) Prior to being left alone with a child, an assistant shall be certified by a cabinet-approved agency in infant, child, and adult:

- (a) Cardiopulmonary resuscitation (CPR); and
- (b) First aid.

- 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.

No. If no, describe: **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.**

DPOC's, investigations, initials, and changes of location are the only surveys

completed that do not utilize the full regulation set. We do consider all matters of health, safety, and fire standards during each visit. We always check supervision and ratios during every visit.

- 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: **Per the preliminary notice issued 6/15/2023, non compliances were found in that inspections by the Lead Agency do not include monitoring and enforcement for standards for all components of Emergency Preparedness and Response, standards for pediatric first aid/CPR; and preservice orientation that contains all components of Emergency Preparedness and Response; compliance with standards for prevention of shaken baby syndrome and abusive head trauma; preservice/orientation training required for substitutes and assistants.**
The Lead Agency requires additional time to amend the standards for inspections and monitoring of the non-compliance items.
 - 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.
 No. If no, describe: **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.**

DPOC's, investigations, initials, and changes of location are the only surveys completed that do not utilize the full regulation set. We do consider all matters of health, safety, and fire standards during each visit. We always check supervision and ratios during every visit.

- 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: **Initial dates of notification on 12/13/21 and 6/15/23 were received and have been addressed. Upon receiving a Statement of Deficiency, a provider is required to complete a Plan of Correction, which states the adjustments made and corrections for any violation. These are posted on KYNECT. Additionally, once the DPOC is corrected, the DPOC Agreement form is uploaded to display on the KYNECT Provider Search, including the attachment to show the completed checklist, the start date of the agreement, and the end date of the finalized DPOC. This function was added to the Provider Search in June 2024. The Division of Regulated Child Care may re-check for compliance prior to a scheduled visit or investigation. Additionally, at any future investigative or licensing visit, DRCC will check for compliance from a previously submitted Plan of Correction.**

https://kynect.ky.gov/benefits/s/child-care-provider?fromNavBar=true&language=en_US

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. Upon receiving a Statement of Deficiency, a provider is required to complete a Plan of Correction, which states the adjustments made and corrections for any violation. These are posted on KYNECT. Additionally, once the DPOC is corrected, the DPOC Agreement form is uploaded to display on the KYNECT Provider Search, including the attachment to show the completed checklist, the start date of the agreement, and the end date of the finalized DPOC. This function was added to the Provider Search in June 2024.

 - iv. A minimum of 3 years of results, where available.
 - v. If any of the components above are not selected, please explain: **The Division of Regulated Child Care may re-check for compliance with a plan of correction, if needed. At the next visit, all points are reviewed for compliance with a previously submitted plan of corrections. Plans of corrections are also posted on KYNECT.**
- 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)**
Pediatric Abusive Head Trauma must be completed every five years (referencing <https://apps.legislature.ky.gov/law/kar/titles/922/002/090/>, Section 11 (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.

We do not require ongoing training specific to health and safety areas or topics. The continuing education that providers take can cover any topic area.

CPR and First Aid certification must be renewed according to the requirements of the certifying entity and documented in ECE-TRIS.

- 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 (1 1/2) 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.**

Process for Kentucky responding to the requests: Kentucky performs the checks on behalf of prospective employees for most states; however, some states like Ohio (see attached email), require the prospective staff member provide specific information from the individual and/or signatures.

In closed-record states such as California, DCC always performs the checks; subsequently, we upload the closed state response in KARES Notes for documentation purposes. DCC staff inform each prospective staff member of the necessary requirements for each state if the request cannot be completed by DCC staff.

The Cabinet is unable to meet the specific requirements of certain states. These requirements may include the provider or prospective staff member make a payment, notarize documents, provide hand written signatures, and other criteria. For example, Florida (please refer to the attached example) serves a reference list for documentation purposes. It is crucial for us to maintain consistency in our communication across all channels.

Once the Child Abuse and Neglect (CAN) check has been completed in the Centralized Protection Verification (CPV) system, which typically takes around 48 hours, the requestor will be notified via the email address provided with automated response with the results of the CAN check.

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.

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: **Providers are given instructions on the webpage to contact the Fitness Determination help desk and DCC Staff initiate all out of state checks and provide guidance per each states varying requirements. If additional documents are needed from another state to be completed by the provider or the staff member, DCC staff provide technical assistance about moving forward. All forms are then returned to DCC staff for processing the determination.**

<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. Agency name
- ii. Address
- iii. Phone number
- iv. Email
- v. Website
- vi. Instructions
- vii. Forms
- viii. Fees
- ix. Is the State a National Fingerprint File (NFF) State?
- x. Is the State a National Crime Prevention and Privacy Compact State?
- xi. If not all boxes above are checked, describe: **The following statement will be added to the KY DCC website and the CCA KY website, Kentucky participates in the National Fingerprint File Program; however, KY is not an NFF state. KY is a 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: **The attached document will be added to the KY DCC website and the CCA KY website, [How to Request a KY Interstate Background Check](#), and outlines the following:**
 - **Cost and payment process**
 - **Kentucky State Police process and contact information and hyperlink**
 - **Kentucky State Police Forms hyperlink**
 - **Child Abuse and Neglect Registry Form hyperlink**
 - **CAN Payment and Verification User Guide hyperlink**
 - **KY Sex Offender Registry public facing hyperlink**
- 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: **The attached document will be added to the KY DCC website and the CCA KY website, [How to Request a KY Interstate Background Check](#), and outlines the following:**
 - **Cost and payment process**
 - **Kentucky State Police process and contact information and hyperlink**
 - **Kentucky State Police Forms hyperlink**
 - **Child Abuse and Neglect Registry Form hyperlink**
 - **CAN Payment and Verification User Guide hyperlink**
 - **KY Sex Offender Registry public facing hyperlink**

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 technical eligibility guidelines (922 KAR 2:160 Child Care Assistance Program <https://apps.legislature.ky.gov/law/kar/titles/922/002/160/>). Child care employees were identified as a vulnerable population and income is excluded on a case-by-case basis.**
- 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.

The Lead Agency facilitates participation in the subsidy program for providers and staff with disabilities by promoting our regional family support offices, where individuals can seek specific supports in helping explain the program, and enroll if applicable. Additionally, DCC Office Staff have set up streamlined communications in order to serve individuals of all abilities in a timely and efficient matter when enrolling in subsidy.

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:

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.**

To ensure professional development frameworks are sensitive to the needs of school-age professionals, the Lead Agency will seek feedback from the Kentucky Out-of-School Alliance (KYOSA) on the integration of a framework for staff working in school-age settings based on the Core Knowledge, Skills, and Competencies for Out-of-School Time Professionals, put forth by the National Afterschool Association (NAA).

- 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>)**

The Lead Agency will monitor and support the availability of training opportunities to staff working with school-age children over the course of the next state plan cycle to ensure that staff working with school-age children have access to an equitable supply of free or low-cost approved trainings and professional development opportunities. Monitoring through the next state plan cycle will allow the lead agency to assess the training needs of staff serving school age compared to staff serving other age groups. This outcome can be measured utilizing achieved SAYD badges and credentials over the next state plan cycle.

- 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.**

The current standards reflect different provider roles, settings and ages of children served in a limited capacity. The framework mostly reflects licensed child care (Type 1 and 2) programs and their roles/positions. Family child care providers, and groups such as infants and school-aged children, are underrepresented.

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.**

Adding the credentials, badges and degree articulations that have come into play since 2011 will improve the quality, diversity, stability and retention of caregivers, teachers and directors.

- 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 staff 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 on a case-by-case basis.**

(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: The prior non-compliance was corrected by when DCC created a regulation for certified providers on April 25, 2024. The regulation further defined assistants to have specific requirements and to include the training requirements. Section 10. Standards for the Provider. Further defining the assistant in regulation: Section 10 (6) Prior to being left alone with a child, an assistant shall be certified by a cabinet-approved agency in infant, child, and adult:
- (a) Cardiopulmonary resuscitation (CPR); and
 - (b) First aid. Section 2 (9) Within three (3) months of submission to the cabinet of a complete OIG-DRCC-03, an applicant shall:
 - (a) In accordance with KRS 199.8982(1)(a)(6), demonstrate completion of six (6) hours of cabinet-approved pre-service orientation training in the following topics:
 1. Federal minimum health and safety requirements established in 45 C.F.R. 98.41 related to:
 - a. Prevention and control of infectious diseases, including immunization;
 - b. Prevention of sudden infant death syndrome and use of safe sleeping practices;
 - c. Administration of medication, consistent with standards for parental consent;
 - d. Prevention of and response to emergencies due 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 for emergencies resulting from a natural disaster or a human-caused event;
 - h. Handling and storage of hazardous materials and the appropriate disposal of biological contaminants; and
 - i. Precautions in transporting children;
 2. Recognizing and reporting child abuse; and
 3. Developmentally appropriate practices; and
 - (b) Develop and implement a written plan for obtaining:
 1. Three (3) hours of cabinet-approved training within the first year of operation, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training in accordance with KRS 199.8982(2); and
 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 (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years as required in Section 10(1) of this administrative regulation. Training requirements below were also included in the created regulation:
 - (1) (a) 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 in accordance with KRS 199.8982(2).
- Section 10 (8) An assistant shall demonstrate completion of the training required by Section 2(9) of this administrative regulation within the timeframes established therein.
- (b) A provider or assistant's compliance with the training in accordance with paragraph (a) of this subsection or subsection (8) of this section shall be verified through the cabinet-designed database maintained pursuant to 922 KAR 2:240. Citation: <https://apps.legislature.ky.gov/law/kar/titles/922/002/100/>
- 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

- 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>
<https://kyecac.ky.gov/professionals/Early-Childhood-Standards/Getting-Started/Pages/Start-Here.aspx>

Family Guides: <https://kyecac.ky.gov/families/Family-Guides/Documents/NCFL%E2%80%9393KYGOECD%20Early%20Childhood%20Parent%20Gui>

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.

Kentucky All STARS uses the Environmental Rating Scales to assess programs for the QRIS system. Developmentally appropriate practice is a critical component of the ERS, and therefore is critical for providers and staff to implement in their program.

- 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.**

When Kentucky created Kentucky All STARS and started the transition in 2017, our initial plan was to wait to the first major round of renewals in 2020 however Covid-19 hit which put a delay on our program as it was frozen for over two years. This is something we've discussed internally and plan to implement in the year 2025 as this will align with our regulations opening up and allow for changes to be made according to findings.

A Quality Needs Assessment was conducted by PDG and presented to the Early Childhood Advisory Council in August 2019.

Kentucky's emergent system uses a Prenatal-Third Grade framework, which expands and enhances the prior Birth-Five approach. This creates opportunities for the alignment of policy and practices across state and local agencies and the development of sustainable processes to ensure eligible children and families can be served effectively and efficiently. A central goal is to increase the number and proportion of children and families served in high-quality and responsive programs.

The Needs Assessment relied on multiple data sources, including publicly available data from state and federal agencies, surveys, focus groups, and interviews. The study team also reviewed partner agency reports and assessments as well as a variety of relatively current study findings.

The data and information researched required elements that capture key definitions, a description of the state's system, identification of focal populations, need for and participation in early care and education programs, need for and participation in other

system services, gaps in data or research, the quality and availability of programs and supports, indicators of progress, barriers to funding and the efficient use of funds, transitions, and system collaborations.

Initial feedback from parents suggests that parents most often receive information from friends, family, internet searches, and teachers or child care providers in their communities. Thus, there may be an opportunity to raise awareness in general about the nature of high-quality care and how to find it.

Before many elements of this could be implemented to guide how quality dollars were spent Covid-19 happened which not only put Kentucky's QRIS System into a two-year freeze but also changed the childcare landscape. Due to this when the freeze was lifted Kentucky wanted to reevaluate the current needs of childcare centers. Child Care Aware (CCA) was tasked with this through needs assessments that are built into their collaborative, relationship-based model of coaching. After developing a relationship with the childcare provider, coaches introduce the Quality Self Study and review the Kentucky All STARS Standards to gather data on strengths and opportunities for growth. This information was used to develop a comprehensive plan for technical assistance allowing providers to articulate their needs and goals. In addition, the Kentucky All STARS Standards include several standards that require input from families and staff on their child's education and development.

The Self Study describes research-based recommended policies and practices that contribute to program quality and to successful outcomes for children in early care and education programs. Kentucky's Early Childhood Quality Self Study helps program personnel identify adult behaviors, environment characteristics, program structural factors, and personnel considerations that are supporting contributors to high quality learning environments for children birth to five years of age.

- 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. Due to these findings Kentucky All STARS enacted policy changes to help alleviate the barriers to smaller child care centers and provided instructions to our contracted recipients Child Care Aware and Family Child Care Network, both of whom we pay, to provide technical assistance to these centers. This has resulted in centers rising in level which results in them receiving more All STARS Incentive Money. Findings from the PDG Quality Needs Assessment showcased providers who have additional supports such as Head Starts and Preschools scored higher in our QRIS Program. We also saw from families perspectives that they were largely unaware of the QRIS program. In regard to the limited exposure of Kentucky All STARS to families we've worked to incorporate a newer website which showcases Kentucky All STARS towards the public's (families) viewpoint by going over what Kentucky All STARS is and why they should want their children enrolled in Kentucky All STARS centers. We've also spent funding on marketing items to hand out at the last two Kentucky State Fairs and are currently researching if we'd be able to spend funding towards Kentucky All STARS**

Banners and Yard’s signs for our High Quality Centers to display to families.

The Needs Assessments conducted by CCA through their coaching echoed similar results for providers around those 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 childcare homes. The Lead Agency also found that due to Covid-19 we were dealing with a lot of new childcare center directors who were not as familiar with Kentucky All STARS and were needing additional supports. The steps we took were to ensure they received focused TA from CCA, we worked without training agencies to ensure they were able to better explain to providers which training spoke to quality of care for children. We’ve found success with this and are currently working towards having QRIS Standard indicators for trainings within our training system ECE-Tris.

These changes have resulted in centers rising in level which results in meeting higher quality standards and issuance of more All-STARS Incentive funds.

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 provides a link to both the QPR and ACF-696 on the Division of Child Care website. <https://www.chfs.ky.gov/agencies/dcbs/dcc/Documents/acf2182023.pdf> <https://www.chfs.ky.gov/agencies/dcbs/dcc/Documents/acf6962023.pdf>**

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 CCDF funding for contracts 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 care which promotes School Readiness. 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 Lead Agency uses quality funds to maintain and implements the Early Learning and Development through our contracts with Child Care Aware (CCA), and the Family Child Care Network (FCCN). Due to an incalculable variety of barriers depending on region, location, provider type etc., CCA and FCCN develop onsite Technical Assistance Plans tailored for child care providers that align with Kentucky’s Early Learning Standards, covering health and physical well-being, language and communication development, Social and emotional development, and Cognitive and general knowledge. They also cover practices around Strong Partnerships with Families and Communities.**

Child Care Aware also works with training agencies to ensure trainings provided by Kentucky’s credentialed trainers align with Kentucky’s Early Learning Standards.

- 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. **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 (CCDF Funding) 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. The indicators and scores from these scales not only help towards higher quality but also school readiness.**

Currently, Kentucky All STARS is utilizing the Government Alliance on Race and Equity (GARE) Tool around Diversity, Equity, and Inclusion (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.

- 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. All work, scores, and TA provided to providers from this scale helps to promote school readiness. The Lead Agency uses the quality funds to support the supply and demand of the 1,749 providers who are in Kentucky All STARS serving infants and toddlers. Additionally, quality funds are used to support serves provided by the Quality Coordinators that help to ensure childcare practices are consistent and in compliance with all regulations.

The Lead Agency also uses the 3% infant-toddler set-aside funding is also used to support the services provided by the Child Care Aware Quality Coaches.

Child Care Aware Quality Coaches provide targeted technical assistance and support to assist programs to increase quality practices including:

- Kentucky Child Care standards review.
- Self-assessments
- Targeted Technical Assistance Plans on topics requested by the program

to increase quality care including:

- o Developmentally appropriate materials.
- o Room arrangement strategies.
- o Positive interactions.
- o Age group specific needs.
- o Family supports and engagement.
- o Implementing Screening.
- o Continuous Assessment.
- o Implementing Developmentally Appropriate Curriculum.
- o Additional director identified program needs.

- v. Establishing or expanding a statewide system of CCR&R services.

[] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **Through the use of CCDF Funds 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 around school readiness.**

In addition to targeted technical assistance, CCA of Kentucky provides the following services:

- Online Learning via The HDI Online Learning Center.
- Support providers in upgrading their education via the Early Childhood

Development and KHEAA Scholarships.

- Guide candidates through the Kentucky Trainer's Credential application and renewal processes.
- Conduct required initial coursework for the Kentucky Trainer's Credential in addition to renewal coursework options.
- Assist families in choosing childcare via Child Care Referral line and dissemination of consumer education materials.
- Conduct a tri-annual market rate survey to assist in determining childcare reimbursement rates.
- Conduct Getting Started in Child Care sessions with prospective childcare owners.

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.

[x] Yes. If yes, describe current and future investments. **Through the use of CCDF Funds 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 around school readiness.**

- Multi-modal ongoing regulatory support to child care providers.
- Consumer ed resources to community members and partners regarding child care licensing standards.
- Facilitate mock inspections in preparation for official licensing inspection, which includes premises, staff files, and children's files.
- Provide TA on corrective action plans for deficiencies identified in official inspection.
- Facilitate consultation for those interested in starting child care business to discuss regulations and assist in navigating the licensure process.
- Provide TA on initial levels of KY All Stars and discuss connections in basic regulatory standards and higher quality rating.
- Facilitate required training to centers to address targeted needs following instances of compromised health, safety, and/or comfort.
- Create and maintain webpage of free printable/downloadable resources to assist in compliance.
- Collaborate with and refer providers to local emergency management agencies for assistance with emergency response (shelter in place, lockdown, active shooter, fire, tornado, earthquake).
- Collaborate with and refer providers to Early Childhood Mental Health Specialists for targeted supports.
- Collaborate with and refer providers to Child Care Health Consultants for

medical expertise to meet needs that overlap with child care regulations.

- Provide TA on searching KY database for training to meet requirements for licensure and targeted needs.

Referrals for Technical Assistance (TA) are shared with Health and Safety Coaches if the child care provider grants DRCC permission to refer. (This is for general TA. Referrals are automatic with DPOCs.)

CCA HSCs primary role is providing ongoing support to potential and current child care providers with regard to establishing and maintaining licensing compliance.

- 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 and through our four Environmental Rating Scales (ERS): Infant Toddler, Early Child Care, School-Age, and Family Child Care. This includes providing the appropriate TA to child care centers around these scales and using the scores to promote school readiness.**

There's been internally discussions about conducting a global evaluation and assessment of KY's child care services. There's a plan to implement in the year 2025 as this will align with our regulations opening up and allow for changes to be made according to findings. We intend to work with our CCR&R contracted staff and our Kentucky All STARS staff to review data around effectiveness. After this, we intend to work with providers around their assessments of Kentucky All STARS. After this we intend to work with families and school systems around children's successes.

- 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.

Child Care Aware Health and Safety Coaches provide targeted technical assistance to support health, mental health, nutrition, physical activity, and physical development and regulatory compliance including:

- Routine walkthroughs and support for the annual survey process.
- Processes for license/certification changes.
- Statements of deficiency.
- Plans of correction relevant to annual surveys, investigations, and complaints.
- Intensive coaching and training for programs placed in a Directed Plan of Correction or Adverse Action.

- 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.

Yes. If yes, describe current and future investments.

Kentucky is working towards using funds to expand the Help Me Grow program around program support and implementation of Social Emotional Developmental Screenings. Early identification of social-emotional challenges can make a huge difference in a young child. Early identification of behavioral concerns means a greater chance for a child to fully thrive. Correctly identifying behavior through social emotional screening, such as the ASQ:SE-2, facilitates next steps to help children reach their fullest potential. As more children are more vulnerable to poverty or stress, the likelihood of depression, anxiety, and withdrawal increases. Social emotional screening results can help parents and teaching staff recognize children at risk and identify needed actions.

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: **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 provide delivery services that actively involve families in the visits where the child spends time, such as home and at child care centers, and may differ from services proved in a therapy clinic or medical center. KEIS providers use a coaching approach to help families and other care givers including child care providers support a child's learning and development. KEIS does collect data for federal annual reporting. The data is the number of children who receive most of their services in one of three settings: home, community location, or other (a setting specifically for infants and toddlers with disabilities like a clinic). Kentucky children typically receive their services in a home or community setting, but the data collected does not separate the community settings. However, based on Medicaid claim data and service notes provided, the majority of services delivered in a community setting are child care settings. KEIS reported 99 (2.17%) of children served in a community setting for the calendar year 2022-2023.**
- 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 from the Governor's Office of Early Childhood (GOEC) 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, The Department for Community Based Services (DCBS)/Division of Child Care (DCC) works closely with the Kentucky Head Start Association through the GOEC Head Start Collaboration director in an intentional effort to align goals and activities. DCC participants in the Early Childhood Advisory Council with GOEC and other members to discuss topics relating to accessibility for working families. The Division of Child Care works with GOEC to encourage Head Start programs to become state licensed and regulated through the Division of Regulated Child Care, and to participate in the KY ALL STARS program for quality improvement of Head Start programs across the state and to be able to receive CCAP funding for children in their care.**

Recent partnerships with Head Start includes the Pyramid Model trainings and Practice based coaching to Licensed Head Starts and Child Care centers. DCC's cabinet approved training agencies were contracted to provide the PM training to 138 infant and toddler teachers in both licensed child care programs and licensed Head Start Programs, and 80 preschool age teachers in both licensed child care programs and licensed Head Start Programs during the project. In addition to the training, infant and toddler teachers will receive a minimum of 8 hours of coaching, and 13 hours of coaching for school age teachers. This project is ongoing currently with a projected end date of December 2025. These initiatives are to help with retention and training for teachers, and to improve SEL frameworks for children in care.

Weblinks:

ECAC/Head Start Collaboration Director:

<https://kyecac.ky.gov/about/Pages/Leadership.aspx>

GOEC- Head Start Collaboration: <https://kyecac.ky.gov/community/Pages/head-start.aspx>

Pyramid Model: <https://challengingbehavior.org/pyramid-model/overview/basics/>

- 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: **DCC is in the early stages of coordinating with the Office of Employer and Apprenticeships which is an office within the Department of Workforce Development to better align the existing Director's Apprenticeship pathway, and for possible future apprenticeship pathways relating to early childhood education. According to the GOEC data, there are 130 active apprentices in the current program across Child Care Development Specialist, Early Childhood Educator, and Early Childhood Administrator Director programs. GOEC also reports to having 36 registered apprenticeship employer partners.**

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 (ECAC, CCAC, Pyramid Model, Universal Pre-K Council) 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>

As Kentucky continues to explore solutions for early childhood education, DCC and KDE regularly discuss each entity's federal requirements and standards and try make alignments where possible. DCC and KDE are both active participants in workgroup convened by the Governor's Office of Early Childhood and the Early Childhood Advisory Council to ensure the needs of both agencies are considered.

- 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. If a family is applying for CCAP, SNAP and Medicaid, then they are given information about KCHIP. This create a "one-stop-shop" for families. DCC also considers any other implications for other DCBS service public assistance program.**

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. If a family is applying for CCAP, SNAP and Medicaid, then they are given information about KCHIP. This create a "one-stop-shop" for families. DCC also considers any other implications for other DCBS service public assistance program.**

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.

The ECMH specialist as a result of the coordination between DCC Licensed child care programs have met with a total of 4467 clients across 15 regions of the state in the calendar year of 2023. ECMH specialist have hosted a total of 111 trainings for child care providers around mental health topics for birth-school age groups with 1934 total attendees. ECMH have also hosted 25 Parent Cafes with the Kentucky Strengthening Families initiative to teach families about the Protective Factors and how they relate to families. Citation: <https://www.kentuckychc.org/parent-cafe>

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.fcncy.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 coordinates with the Kentucky Out-of-School Alliance (KYOSA) to: (1) review and address supply gaps; (2) establish out-of-school time (OST) quality standards; and (3) develop and increase the supply of relevant training and professional development opportunities for staff working in OST settings. A member of the DCC management team currently sits on KYOSA’s Strategic Leadership Team (SLT) and regularly brainstorms with KYOSA’s staff and SLT to develop new school-age child care initiatives. Some recent results**

of coordination with KYOSA have been: (1) a stakeholder work group to develop the Kentucky School Aged Youth Development (SAYD) Digital Badge and Credential (launched in January 2024); (2) 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); and (3) attending the OCC School-Age Child Care Institute 2024 (June 12-13) in partnership with KYOSA to develop additional state-level strategies for building and enhancing OST opportunities. To address the current shortage of state-approved training and professional development opportunities for staff working exclusively with school-age youth, the Lead Agency will explore contracting with partners to develop and pilot pathways for Out-of-School Time (OST) Professionals aligned with the requirements of SAYD Credential and Digital Badge. This will enable more school-age professionals to achieve a SAYD Credential and/or Digital Badge.

- 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:
 - 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.**

DCC coordinates with the Division of Protection and Permanency to maintain the Child Fatality/Near Fatality annual report which is used to report annual child fatalities/near fatalities including in provider child care. The Lead Agency collaborates with the Division of Protection and Permanency (DPP) and is active with aligning policies across programs to identify any areas where policy enhancements could be made to increase collaboration, efficiencies, or simply to improve our service delivery to families when multiple programs/agencies are involved. All in an effort to further assist families determined by Protection and

Permanency staff as needing child care to alleviate safety issues, mitigate risk or prevent future maltreatment of the child/ren.

<https://www.chfs.ky.gov/agencies/dcbs/dpp/cpb/Pages/default.aspx>

The Lead Agency is also partnering with the newly created Division of Prevention and Community Well-Being (DPCWP) which works in tandem with child welfare.

The Lead Agency has been meeting with both DPP an DPCWB on a monthly basis to discuss updated the child care service array and training available to front line staff.

- vii. Child care provider groups or associations. Describe: **The Lead Agency participates in meetings with different provider advocacy groups by invitation from the advocacy group. The Lead Agency participation with advocacy groups is mostly initiated only by invitation to attend a meeting directly from the advocacy group. Lead Agency is typically invited when the advocacy group is working on an initiative that directly impacts child care. A representative from the Lead Agency attends the Kentucky Out of School Alliance (KYOSA) School Age Child Care Advisory Council (SACC) quarterly meeting or by invitation. (<https://kyoutofschoollalliance.org/school-age-child-care-sacc-advisory-council/>) The State Administrator meets with the Pritchard Committee to discuss topics relating to child care by invitation. (<https://www.pritchardcommittee.org/about>) A DCC representative attends advocacy meetings with the Kentucky Youth Advocates by invitation. (<https://kyyouth.org/>). A representative from the Lead Agency attends advocacy meetings with Children Inc. by invitation. (<https://childrenincorporated.org/region/kentucky/>)**
- 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.

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: <https://kyecac.ky.gov/community/Pages/Regional-Collaboratives.aspx>

Citation: 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/>

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 received technical assistance from federal partners to review emergency licensure regulations that were currently operational in other areas of the country. This TA has directly resulted in our Child Care Disaster Plan being updated and with an anticipated completion in the 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: **The Division of Child Care received a non-compliance notice on December 13, 2021 because the monitoring team did not find evidence that DCC has requirements in place for Licensed Type I, Type II,**

and Certified Family Child Care Providers that include the volunteer practice drill components of emergency preparedness and response planning. Additionally, the monitoring visit did not find evidence of emergency preparedness and response planning and accommodations for infant and toddlers, children with disabilities, and children with chronic medical conditions.

At this time DCC is requesting additional time to continue work on the TA received for the emergency preparedness and response planning with the expected completion of the changes being completed by early 2025. Currently the professional development team is working with the Child Care Aware Health and Safety regional manager to update the "Licensed Provider Evacuation Planning Form" and the "Certified Provider Evacuation Planning Form" to include planning resources specific to the special populations requested in the TA. DCC Professional Development team is also updating the Emergency Preparedness Training to include specific resources for the special populations requested in the TA, and to award 1 training credit hour to incentivize providers to have their staff take this training for free. Additionally, DCC has updated the regulations to include a more clear definition for the role of "volunteers" and will be amending the proposed regulation 922 KAR 2:090 to include:

Section 9 (J) A written plan and diagram outlining the course of action in the event of a natural or manmade disaster, including drills posted in a prominent place; and provided to all staff, volunteers and visitors" And section 10) F) Assure the development, implementation, and monitoring of child-care centers plans, policies, and procedures for staff, volunteers and visitors." And (G) Supervise staff, volunteer and visitor conduct to ensure implementation of program policies and procedures."

The public comment period will be ending August 31, 2024 and after that is completed we will amend with our internal process for approval of the amendment. The expected time of completion for these regulatory changes are November 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?
[x] 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. Investigations are assigned by priority and have initiation dates of 2 days for priority 1, 10 days for priority 2, and 15 days for priority 3's. Investigations are generally required to be completed within 60 time frame.

[] 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. The KICCS system (shared drive) is maintained by the Division of Regulated Child Care and is shared with the Division of Child Care. Complaints are entered by our Call Center, located in our Central Office, then assigned to the regional office.**
- 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. Statements of deficiencies and plans of corrections can be found in child care provider search, which includes details. Open records requests do provide records of an investigation with the exclusion of PHI and PII.**

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?

- Provide the URL for the Lead Agency’s consumer education website homepage:
<https://www.chfs.ky.gov/agencies/dcbs/dcc/Pages/default.aspx>
- Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
 Yes.
 No. If no, describe:
- Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
 Yes.
 No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- 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>
- 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>.

The standard of practice
(<https://www.chfs.ky.gov/agencies/dcbs/dcc/Documents/soplicensed.pdf>)
created in partnership between DRCC and DCC, identifies the details of required visits, monitorings, and/or inspections. DRCC is in process of updating our website to define matters of concerns that should be reported by the general public. The update to our website has led to a significant increase in received and investigated complaints for 2024.
- 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hours, days, and months of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 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."**

In Kentucky we do not have licensed non-CCDF providers. All providers who receive CCDF must be licensed.
 - 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.**

Data is received by DCC contacting the Division of Protection and Permanency and they provide the data.

- 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>**

As used in KRS Chapters 600 to 645, unless the context otherwise requires:

(1) "Abused or neglected child" means a child whose health or welfare is harmed or threatened with harm when:

(a) His or her parent, guardian, person in a position of authority or special trust, as defined in KRS 532.045, or other person exercising custodial control or supervision of the child:

- 1. Inflicts or allows to be inflicted upon the child physical or emotional injury as defined in this section by other than accidental means;**
- 2. Creates or allows to be created a risk of physical or emotional injury as defined in this section to the child by other than accidental means;**
- 3. Engages in a pattern of conduct that renders the parent incapable of caring for the immediate and ongoing needs of the child, including but not limited to parental incapacity due to a substance use disorder as defined in KRS 222.005;**
- 4. Continuously or repeatedly fails or refuses to provide essential parental care and protection for the child, considering the age of the child;**
- 5. Commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child;**
- 6. Creates or allows to be created a risk that an act of sexual abuse, sexual exploitation, or prostitution will be committed upon the child;**
- 7. Abandons or exploits the child;**
- 8. Does not provide the child with adequate care, supervision, food, clothing, shelter, and education or medical care necessary for the child's**

well-being when financially able to do so or offered financial or other means to do so. A parent or other person exercising custodial control or supervision of the child legitimately practicing the person's religious beliefs shall not be considered a negligent parent solely because of failure to provide specified medical treatment for a child for that reason alone. This exception shall not preclude a court from ordering necessary medical services for a child;

9. Fails to make sufficient progress toward identified goals as set forth in the court-approved case plan to allow for the safe return of the child to the parent that results in the child remaining committed to the cabinet and remaining in foster care for fifteen (15) cumulative months out of forty-eight (48) months; or

10. Commits or allows female genital mutilation as defined in KRS 508.125 to be committed; or

(b) A person twenty-one (21) years of age or older commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon a child less than sixteen (16) years of age; Citation:

<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=55111>

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/dcbs/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>

Information is also available on the Child Care Aware of Kentucky (CCR&R) website.

<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 CHFS websites are uniformly set up the same way and can not be changed. All websites have the Director's information listed on the site. However, the phone number listed is for the main office. If someone calls for help or information they are routed to the correct staff person.**

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>

An amendment has been filed to update the regulation containing the Lead Agency's copayment chart (922 KAR 2:160 Section 11).

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

The Lead Agency has been paying the entire copayment since CRRSA funds were made available for this purpose and then transitioned to using state dollars. The Lead Agency will stop paying copayments and the proposed changes will go into effect on October 1, 2024. This new copayment chart caps family copays at 7% of the family's monthly income.

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. This includes flyers that can be posted on family boards within child care centers. In addition, through our contract with Child Care Aware coached routinely share resources for child care providers to pass along to families. 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. DCC relies on our partnership with Child Care Aware and coaches to provide technical assistance and best practice concerning suspension and expulsion. When the policy was developed and posted on the website, DCC held a meeting with all partners and encouraged them to share the information with child care providers. This includes information and resources for families:**
<https://www.chfs.ky.gov/agencies/dcbs/dcc/Documents/resourcesforfamiliesonpreventin gsuspensionandexpulsion.pdf> and child care providers:
<https://www.chfs.ky.gov/agencies/dcbs/dcc/Documents/resourcesforprovidersonpreveni ngsuspensionandexpulsion.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/dccsuspensionandexpulsionpolic y.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.kentuckychc.org/posters-handouts-1/>.
The policy concerning preventing suspension and expulsion of school-age children from child-care is the same policy and school-age children are acknowledged within the policy:
<https://www.chfs.ky.gov/agencies/dcbs/dcc/Documents/dccsuspensionandexpulsionpolic y.pdf>.

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

Yes.

No. If no, describe:

- b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

Yes.

No. If no, describe:

- c. Developmental screenings to parents receiving a subsidy as part of the intake process.

Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **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. Our partners include the Department for Public Health. They are responsible for the Help me Grow program.**

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

No. If no, describe:

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

Yes.

No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **The 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) ☐ 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. Verifying and processing billing records to ensure timely payments to Providers. The Provider Billing Form is system generated**

and submitted electronically or mail by approved providers for prior month child care services. The payment section staff process provider billing payments for the prior month after the 1st day of each month, within ten (10) calendar days of receipt. Providers shall receive payment within thirty (30) working days of processing the PBF, except when there are payment discrepancies in the payment amount billed and the amount owed to the provider. If this happens, the Cabinet is not held to the thirty (30) daytime period for payment.

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.**

The Division of Administration and Financial Management (DAFM) budget staff is responsible for the compilation and submission of the biennial budget for grants programs; monthly monitoring of financial activity; budget modifications and realignments; and contract funding of verification.

Funds are allocated either through the state plan, executed contracts, or memorandums of agreement/understanding. Contracted funds are invoiced for reimbursement. The contract dictates what services the funds can be spent on. The invoices are submitted for payment through an email address set up specifically for this. Once received, they are distributed to the Contract Specialists that oversees that particular contract. The Contract Specialists reviews the invoice and then sends it on to program staff to review. Program staff then reviews the invoice to ensure that the services billed on the invoice are appropriate for the grant. Once program staff approves, the invoice is then sent to the Budget Specialists to review, who ensures that the funding information entered on the contract is correct. Once approved by budget staff, the contract specialists submit the invoice into an online system called KITS for payment. It goes into the work queue and then a payables employee in the Division of General Accounting (DGA) will pull the invoice and pay it based on the accounting information provided.

All invoices received are reviewed in this manner. Payments for the Child Care Assistance Program (CCAP) are entered in the Kentucky Integrated Child Care System (KICCS) provider portal for payment. The CCAP Team reviews the submitted invoices through KICCS for any anomalies before approving for payment. The Division of Child Care (DCC) payment staff are responsible for the processing and review of all provider billing forms (PBF) submitted by child care provider facilities that provide care for Kentucky children receiving subsidy. PBFs are generated on the first of the month by the Kentucky Integrated Child Care System (KICCS), currently subsidy payments are retroactive and cover the prior month of care for child care providers. The PBFs are a record of the requested payment for care for each child receiving subsidy funding enrolled with the child care facility. DCC

payment staff review each PBF for accuracy prior to approving or denying a payment request. At current it is possible for PBFs to be processed based on:

A. **Attendance:** When paying based on attendance DCC payment staff must review the number of absences reported for each child, reported enrollment end dates, and any reported center closures including but not limited to illness, training, inclement weather, or vacation. Child care providers are allotted five paid absences per month per child that do not require documentation to verify the absence (KAR 922:002 160 14(3)). All other absences require written documentation if the child care facility is requesting payment. DCC payment staff must also consider the age and the care schedule of each child as well as the hours of operation for each child care facility to avoid overpayments from improperly coded PBFs.

B. **Enrollment:** When paying based on enrollment all payments are issued following the care schedule reflected on the CCAP certificate of enrollment for each child. Exceptions to this rule apply when the care schedule does not accurately reflect the level of care needed for the child. When a certificate of enrollment is signed and processed by Family Support staff the care schedule will pre-fill on the PBF generated for the child care provider. Child absences are not expected to be recorded but child care facilities are expected to report absences that effect the entire center's attendance such as holidays or training periods. Providers are expected to use the exceptions section to make any modifications for DCC payment staff to review prior to issuing payment. The hours of operation for child care facilities, any facility closures, and the child care schedules are still considered when paying based on enrollment, but individual absences are not. Discrepancies may occur if child care providers request payment outside of their hours of operation, if they request payment for children who have not been in attendance for 90 days or more, or if they fail to adjust the prefilled PBF for children who may have an incorrect care schedule. Discrepancies are handled by issuing a worker exception to modify the PBF submitted by the child care provider to avoid overpayment or by referring the PBF to the DCC claims section for a recoupment of funds due to an improper payment being issued. When discrepancies occur child care providers are notified by DCC staff and the child care provider is informed of the error and the next step in the review process. This process serves to minimize the issuance of funds that were improperly requested and reduce the burden of recoupment for childcare facilities.

Federal Grants are set up in our accounting system using a Major Program and program code to isolate each individual FFY grant. Each grant has sub functions listed under it to track specific expenditures for earmarking. Payroll posted to the grants are reviewed monthly to ensure that the correct personnel is coding time to these grants.

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. 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, federal auditing procedures, and DCBS' policies and procedures.

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.**

Effective Fiscal Management practices include ensuring multiple levels of expenditure review by different functional areas including contract staff, program staff, budget staff, and accounting staff before payments are made. Grants are set up in the accounting system in a manner that allows them to be tracked individually.

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.

An audit examines, monitors, and reviews internal controls used to identify risk.

- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **The Division of Administration and Financial Management programs are reviewed at least once every three years by our Auditors of Public Accounts (APA) office and compliance with the effective fiscal management practices is reviewed during that audit.**

Citation: The Division of Administration and Financial Management (DAFM).

c. How the results inform implementation. Describe: **If any issues are identified during the APA audit, a corrective action plan is developed to correct those through implementation of new fiscal management practices.**

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: **The Integrated Eligibility and Enrollment System (IEES) 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 Child Care Payment Analysts conduct an analysis of invoices, claims and payment records to identify trends and anomalies resulting in unauthorized disbursements, duplicate payments, potential overpayments, theft and misappropriation of funds. Documented findings of fraud are submitted to Claims Section for processing and if over \$5,000 is sent to the Office of Inspector General, Audits and Investigations, for further investigation and potential prosecution.**

Regular quality assurance case reviews are conducted monthly, and the lead agency is provided with a Child Care Error Trend Report that targets areas in the eligibility process that needs attention. The lead agency then uses the data provided to make policy and/or regulation clarifications or updates, system changes, and training modifications which support program integrity and accountability. The success of this effort is trackable using the error rates provided. 2023-2024. Fiscal year had 3.88% error rate, which is down from the 2022-2023 fiscal year that carried a 13% error rate.

The Lead Agency shares in an eligibility system that 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. 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; Billing forms (DCC-97), Claims and payment; Child Care Daily Attendance Records to identify trends and anomalies resulting in unauthorized disbursements, duplicate payments, potential overpayments, theft and misappropriation of funds. Office of Inspector General (OIG) investigates further fraudulent activities of over \$5,000 (Applicants) and \$10,000 (Child Care Providers) for potential prosecution. Each of these activities assists in the identification and prevention of fraud and IPVs through: data matches on demographic elements (e.g. income, addresses and social security numbers) of children, parents, and childcare providers. The

Provider and Applicant Validation analyzes the employee master file and vendor master file help to identify duplication or records, unusual relationships, potential conflicts of interests between vendors and employees and other anomalies. Child Care payment analysis helps to conduct an analysis of billing invoices and attendance records.

Inadvertent Error (IE) occurs when there is a misunderstanding or an unintended error by the recipient causing a Claim. Activities include but are not limited to: Child Care Payment analysis of invoices; Billing forms (DCC-97), Claims and payment; Child Care Daily Attendance Records to identify trends and anomalies resulting in unauthorized disbursements, duplicate payments, potential overpayments, theft and misappropriation of funds. Above activities assists in identification of Intentional Program Violations (IPV), IPVs ordered by the court, and Suspected Intentional Program Violations (SIPV), Agency Error (AE), and Inadvertent Household Error (IHE).

The Agency utilizes the data match system and the 100% attendance report to flag attendance anomalies with Child Care Providers that may lead to IE, duplicate payments, overpayments or other potential fraudulent activities. These systems allow us to identify agency errors and utilize systematic measures to prevent agency errors.

- b. The frequency of each risk assessment. Describe: Risk assessments are conducted monthly 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: Kentucky has a one-case concept, and the Integrated Eligibility and Enrollment System (IEES) 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 system then generates reports that validate and report any inconsistencies in case information which could impact factors pertaining to CCAP eligibility.

The Lead Agency uses the following mechanisms to identify inconsistencies: DCC-94E, Child Care Daily Attendance Record, DCC-97, Provider Billing Form, 100% Attendance Report, and 10th of the month Report. The Integrated Eligibility & Enrollment System (IEES) allows on-line portal access to Kentucky's families. The system shares and conducts data matches across eligibility programs to validate demographics details (e.g., income, address, and social security numbers). IEES generates reports to access data to validate and report any inconsistencies. The Provider and Applicants validation analyzes the employer master file and vendor master file for duplication or records, unusual relationships, potential conflicts of interests between vendors and employees and other anomalies. The Kentucky Integrated Child Care System (KICCS), the child care payment

analysis conducts an analysis of billings invoices, claims, and payment records to identify trends and anomalies resulting in unauthorized disbursements, duplicate payments, potential overpayments, theft, and misappropriation of funds. Reviewing all these, will result in any risk assessments to improve the programs.

The Lead Agency staff use all of these mechanisms to identify areas of potential risk. Once risks are identified, we make necessary amendments to administrative regulations, policies, IEES, KICCS, training materials, technical assistance materials (tip sheets/guidance documents).

- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **Based on evaluation of the above listed mechanisms, Lead Agency staff identified areas in which providers needed technical assistance. Claims staff began delivering individual technical assistance to child care providers in March 2023. During that year, 173 overpayments were identified; 513 coaching/mentoring sessions were provided; and 286 claims were established. From January 2024 through August 2024, 90 overpayments have been identified, 381 coaching/mentoring sessions have been provided; and no Claims have been established.**

Regular quality assurance case reviews are conducted monthly, and the lead agency is provided with a Child Care Error Trend Report that targets areas in the eligibility process that needs attention. The lead agency then uses the data provided to make policy and/or regulation clarifications or updates, system changes, and training modifications which support program integrity and accountability. The success of this effort is trackable using the error rates provided. 2023-2024. Fiscal year had 3.88% error rate, which is down from the 2022-2023 fiscal year that carried a 13% error rate.

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- no other ways of identifying risks**

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. The Quality Control reports are evaluated. The work of case decision workers is evaluated monthly through a quality control review process for accuracy. There are regular policy and training meetings to review error trends and discussion of ways to improve training materials for effectiveness.

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. All staff use the Claims Policy and Procedure Manual for internal training and processes.**

The Lead Agency meets with the training department quarterly to discuss data gathered from the Error Trend Reports, to discuss areas that need to be added or clarified upon in not only the initial CCAP training, but also a refresher course that

more seasoned workers are able to take. This is also a time that upcoming policy and system changes can be outlined to ensure front-line field staff get the most current information. This information is also used to create "micro trainings" that target specific areas of concern. These short trainings can be assigned to workers that need specialized attention in a specific area, such as calculating income or child care enrollments.

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". Child Care Providers receiving CCDF funding are 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 instructional tool that covers everything related to the CCAP billing process. Providers are 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. The Lead Agency gives the CCAP Providers the tools necessary to inform them of the CCAP requirements and program integrity. The information will present on reports, provider feedback, and Town Hall meetings if they are accurately informed and delivering program integrity. The CCAP Payment section has furnished all CCAP Providers with, Provider Training Guides, billing information, ListServ e-mails, information on the portal Splash page and Town Hall meetings to fulfill the training requirement for KY providers to know payments are based on enrollment rather than attendance.**

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. The Claims' section is providing coaching to all approved CCAP Providers to assist them with their billing, correct billing codes, and attendance records requirements. The CCAP Claim's staff reviews data and reports (e.g., 100% Attendance Report, 10th of the month report, and fraud reports from OIG/DRCC**

hotline) 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. DCC has a dashboard through the IEES system that allows for monthly claim reports (e.g., pending claims, discrepancies past due, child care collections, terminated and compromised claims, court claims and child care claims paid in full).

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: **The Public Assistance Quality Control (PAQC) Review Branch, within the Office of the Ombudsman and Administrative Review, will conduct a monthly random sample of 15 Positive cases and 5 Negative cases. Positive cases are those in which a subsidy payment was issued for the sample month. Negative cases are those in which a denial/discontinuance of services was issued for the sample month. 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 will identify each case in error, the elements contributing to the error, if it contained an improper payment, and a brief 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.

- 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: **The Auditor of Public Accounts (APA) conducts yearly audits of the Lead Agency. The APA reviews existing regulations, policies, and case records to determine if the Lead Agency is following all required guidelines. If areas of improvement are identified, the Lead Agency must create an action plan to become compliant.**
- 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- no additional information about evaluation of internal control activities to add in this section.**

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. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **When a provider is determined to have committed an Intentional Program Violation (IPV), the lead 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 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 timeframe of the establishment of the claim.**

The cabinet shall assess a civil penalty in accordance with KRS199.896(8) and KRS 199.990(4) and a statement of deficiency shall be issued either prior to or concurrent with the notice established in 922 KAR 2:190 Section 5. There are 2 types of violations, Type A and Type B. For Type A (with a statement of Deficiency) must be corrected within 5 working days and may pay a penalty of no more than \$1,000 for each occurrence of a Type A violation. For a Type B violation with a statement of deficiency, there will be a written corrective action plan within fifteen days (922 KAR 2:090, Section 14 (2&3) and be subject to a civil penalty of \$250 for each occurrence of a Type B violation. A licensee can have a monetary credit applied towards a civil penalty in the amount of \$50 if a review of the licensee's history finds no Type A or B violations cited during 3 years prior to the date of the statement of deficiency, or \$50 if the written corrective action plan is received by the specified time frame for the violation type noted in the applicable regulation and is accepted by the cabinet, or 25% of the civil penalty fee is the licensee waives appeal rights noted in 922 KAR 2:090, Section 5.

Disqualification Results and Findings: January – August 2022, child care clients had (0) IPV's executed and (0) disqualifications imposed. Calendar year 2023, there was (1) child care client IPV executed and (0) disqualifications. January-July 2024, there has been (2) child care client IPV's executed and (2) disqualifications.

Data is used to enhance our efforts as it pertains to program integrity such as systems flags, claims analytical reports for monitoring, training, modifications to areas within policy that strengthen measures of integrity.

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: **Unintentional Program Violations. 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, unintentional program violations, duplicate payments, overpayments, or other potentially non fraudulent activities.**

Results and Findings for Unintentional Program Violations: calendar year 2023 was (0) and January-July 2024 currently is (0).

Data and findings are used to enhance program integrity through various mechanisms such as systems flags, claims analytical reports for monitoring, training, modifications to areas within policy that strengthen measures of integrity.

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. Data Source: Business Intelligence Report (BI): Claims Analytics Detailed Report.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Agency Errors is a mistake that occurs when an individual receives more benefits than they are eligible to receive. This is due to a result of an incorrect action or failure to take an action by the agency.**

Results and Findings for Agency Errors: calendar year 2023, (2) agency errors were discovered and January-July 2024, (2) agency errors have been discovered.

If a claim has been determined to be an agency error or error (non-fraud), the Lead Agency sends out a repayment agreement. The agreement outlines the amount of the claim, repayment options and appeal process. Options are payment in full, monthly self-paid, voluntary monthly agreed upon payment reduction from their subsidy payment (DCC-97, Supplement A). If the provider chooses to use the voluntary payment reduction, they are sent the DCC-97, Supplement A. 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.

Data is used to enhance our efforts as it pertains to program integrity such as systems flags, claims analytical reports for monitoring, training, modifications to areas within policy that strengthen measures of integrity.

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. Data Source: Business Intelligence Report (BI): Claims Analytics Detailed Report

- b. Run system reports that flag errors (include types).
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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.**

Results and Findings for Intentional Program Violations: calendar year 2023 was (3) and January-July 2024 currently is (1).

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. 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.**

The Lead Agency runs system reports that flag errors. IEES system generates reports access data to validate and report any inconsistencies. The child care payment analysis conducts an analysis of invoices, claims, and payment records to identify trends and anomalies resulting in authorized disbursements, duplicate payments, potential overpayments, fraud and misappropriation of funds. Documented findings of Inadvertent Error (IE) are submitted to the Claims' Section for review and processing. Inadvertent Error, (IE) occurs when the claim is caused by a misunderstanding or an unintended error by the recipient. Reports,

case reviews, and monitoring of activities will present with results. DCC acknowledges anomalies and will update their practices and results, as the needs presents.

Results and Findings for Unintentional Program Violations: calendar year 2023 was (286) and January-July 2024 currently is (173).

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. 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.**

Results and Findings for Agency Errors: calendar year 2023 was (2) and January-July 2024 currently is (2).

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. Review enrollment documents and attendance or billing records.
 - i. 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. 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. Audit provider records.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The activities the Lead Agency utilizes to identify, prevent program violations and complete audits include: the data match system to generate a 100% attendance report that flags attendance anomalies, comparison of the DCC-94E, the Child Care Daily Attendance Record and the DCC-97 Provider Billing Form for errors, hotline referrals, parent complaints, and through staff investigations. After reviewing the 100% attendance report, the claims' staff begins the audit process by requesting the DCC 94E, Daily Child Care Attendance Records from the Provider, screenshot or print out the Provider's Payment Rates and the DCC-97 Provider Billing Form. Staff**

then reviews and compares the daily attendance and provider's payment rates against their submitted billing, noting any discrepancies or errors. If errors are found during the audit process, a claim would be established in the Integrated Eligibility & Enrollment Solution (IEES) system. The IEES system would print and mail the Demand Notice, notifying the Provider of the Claim establishment, the amount of the Claim and the reason for the Claim establishment. Furthermore, giving the options for repayment of the Claim, the address to send the payment, and ways to send in the payment, such as a check, money order or if they are a Provider, they can have the payment deducted from their CCAP monthly payment through the recoupment process. A Repayment Agreement is completed, as to what amount the individual agrees to pay monthly. At the same time, agency staff will prepare an e-mail to send to the Provider with the same information; notifying the Provider of the Claim, reason for the Claim establishment, the amount of the Claim, options for repayment of the Claim, the address to send the payment too and the ways to send in the payment, or to have the payment deducted from their CCAP payment through the recoupment process and or completing a Repayment Agreement. Comments are added to the KICCS system and the IEES system about the Claim. Agency staff prepare the Claim file. Complete and print out the Claims Checklist, complete and print out the DCC-99, Claim Referral Form. Copy and/or print the Attendance Records, Provider rates, and the Provider Billing Form used to establish the Claim. Print out the comments of the Claim and give to supervisor for review and signature of approval. Once returned, scan all the Claim information to the Claim file in the IEES system.

Calendar year 2022, there were 425 audits completed by lead agency staff. As a result of these audits, 286 Claims were established. Calendar year 2023, there was a total of 870 audits completed. As a result of these audits, 202 Claims were established and 626 were mentored and coached on their audit findings. January to July 2024, there have been a total of 482 audits completed. As a result of the audits, 94 Claims established. Informed Better Practice: Information gathered from the established claims is used to target trends in errors, which then used make edits, clarifications to training and related training materials.

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. 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. 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: **Lead Agency Staff are trained to review records for Intentional Program Violations. These activities include:**

- Failure to submit DCC 94-E upon request
- Coded FD (or PD) on PBF when child was not listed on DCC 94-E
- Missing weekly parent or applicant signature on DCC 94-E
- Missing provider signature at the bottom of the DCC 94-E
- Payment is not to be made to a licensed provider for more than five absences per child during a month if the provider fails to verify in writing, and maintain attendance records verifying, that the additional absences were related to: a death in the family; illness of the child or applicant; a disaster verified by utility provider, local, state, or federal government.
- Billed for care on the weekends when the center is not approved for care
- Coded FD on PBF when child was signed in less than 5 hours (which is considered PD) (ex: 7:35a to 11a)
- Coded FD (full day) or PD (part day) on PBF (Provider Billing Form) when child was not signed in on the DCC 94-E
- Missing arrival or departure time on DCC 94-E
- Parent did not sign legibly (readable signature) with first/last name at end of week on the DCC 94-E (parent can PRINT name above or below signature if not legible)
- Parent initials instead of full signature at the end of the week
- Parent signing for multiple children with one signature (each child must be signed out individually (also ditto marks and a line to a connecting child are not acceptable)

Creating an awareness of better practices, all providers are coached on the guidelines listed below:

If the childcare provider does not bill accurately in accordance with 922 KAR 2:160 for a child, the childcare provider will not be paid for days that are not verified and will be required to pay back any overpayment. An overpayment may be pursued as an intentional program violation in accordance with 922 KAR 2:020. 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/> As of July 1, 2021, the Billing Basics Training was mandated to be completed yearly by Childcare Providers who submit CCAP for reimbursement. The link has been included for the Billing Training as a reference for proper coding on the provider billing form. The version for 2023 is now active online. Please submit a copy of your completed training to your claim's specialist for verification of

completion.

<https://www.hdilearning.org/product/child-care-assistance-program-billing-basics-for-providers-learndash/>

Also to inform better practices staff training efforts include: the Annual Policy Training for staff, the Annual Provider Billing Training, Policy updates trainings and e-mails, Manual and Policy reviews, any and all initial Cabinet trainings. 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. Informed Better Practice: Information gathered from the established claims is used to target trends in errors, which is then used to make edits, clarifications to trainings and related training materials.

Due to the high-level trainings, education and mentoring of staff and Providers, there has been a decrease in the number of Claims established. In 2022, 286 Claims established, 2023, 202 Claims established and January-July 2024, 94 Claims established.

- ii. [x] Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The Lead Agency conducts analysis of invoices; Billing forms (DCC-97), Claims and payment; Child Care Daily Attendance Records (DCC-94E) to identify trends and anomalies that may result in unintentional program violations of unauthorized disbursements, duplicate payments, potential overpayments, theft, and misappropriation of funds.**

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.

To inform better practices Staff training efforts include trainings: the Annual Policy Training for staff, the Annual Provider Billing Training, Policy updates trainings and e-mails, manual and policy reviews, any and all initial Cabinet trainings. 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. These activities assist agency staff to continuously monitor and evaluate for unintentional program violations, training needs, and compliance.

Due to the high-level trainings, education and mentoring of staff and Providers,

there has been a decrease in the number of Claims established. In 2022, 286 Claims established, 2023, 202 Claims established and January-July 2024, 94 Claims established.

- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Staff training efforts include: the Annual Policy Training for staff, the Annual Provider Billing Training, Policy updates trainings and e-mails, manual and policy reviews, any and all initial Cabinet trainings. 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.**

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. Agency staff also use the Claims Policy and Procedure Manual to gain additional knowledge of processes and as a training resource.

To inform better practices data generated is used to enhance our efforts as it pertains to program integrity such as systems flags, claims analytical reports for monitoring, training, modifications to areas within policy that strengthen measures of integrity. Allows research to inform the direction of improvements to our agency's services and practices.

These activities assist agency staff to monitor and evaluate unintentional program violations, training needs, and compliance.

Results and Findings for Agency Errors: calendar year 2023 was (2) and January-July 2024 currently is (2).

- g. **[x]** 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.

- Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
- 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.

To inform better practices data generated is used to enhance our efforts as it pertains to program integrity such as systems flags, claims analytical reports for monitoring, training, modifications to areas within policy that strengthen measures of integrity. Allows research to inform the direction of improvements to our agency's services and practices.

Agency staff 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.

Designated Lead Staff complete audits. They are each reviewed by the supervisor

for quality assurance and accuracy.

Due to the high-level trainings, education and mentoring of staff and Providers, there has been a decrease in the number of Claims established. In 2022, 286 Claims established, 2023, 202 Claims established and January-July 2024, 94 Claims established.

These activities assist agency staff 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. The results described are a Claim or a Court Claim. The different types of Claims**

include IE, Inadvertent Error, IHE, Inadvertent Household Error, IPV, Intentional Program Violation, SIPV, Suspected Intentional Program Violation, and a court claim is an, IPC, Intentional Program Violation-Court. 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 IHE results for calendar year 2023 are 448, IPV results were 99, SIPV results 63, IPC court claim results were 192 and 81 Repayment Agreements were made.

- 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.**

The IHE results for calendar year 2023 are 448, IPV results were 99, SIPV results 63, IPC court claim results were 192 and 81 Repayment Agreements were made.

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: **Claims that become delinquent may be recouped through a tax intercept. 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: **The Office of Inspector General (OIG) investigates further fraudulent activities of over \$5,000 (Applicants) and \$10,000**

(Child Care Providers) for potential prosecution. Each of these activities assists in the identification and prevention of fraud and IPVs through data matches on demographic elements (e.g. income, addresses and social security numbers) of children, parents, and childcare providers.

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:

Reports are generated through the IEES system and the BI system to access data to validate and report any inconsistencies, red flags, administrative errors, possible overpayments, and improper payments. Child Care staff conduct investigations of invoices, claims and payment records to identify trends and anomalies resulting in unauthorized disbursements, duplicate payments, potential overpayments, and misappropriation of funds.

There is no specific dollar amount required to recover Unintentional Program Violations. If Program Violations are found, Lead Agency will establish a Claim to recoup the funds.

Case reviews and interviews are conducted to investigate Provider Claims. The Lead Agency may request and review Provider Billing forms (DCC-97), Child Care Certificates/Contract (DCC-94b), and Child Care Daily Attendance Records (DCC-94E) for comparison to the Kentucky Integrated Child Care System (KICCS) billing and payment records for potential errors, improper payments, and overpayments.

The Office of Inspector General (OIG) is the entity within the Cabinet for Health and Family Services that investigates unintentional program violations and pursues prosecution through the court system if the claim amount estimation is or exceeds \$5,000 (Individual) and \$10,000 (Provider) to court for further action including prosecution and (2) have filed appeals.

The Lead Agency investigated 513 total cases in calendar year 2022. 286 Claims were established, and 88 overpayments were completed. In calendar year 2023, a total 795 cases were investigated; 513 Providers were coached/mentored, 173 Claims were established and 71 overpayments completed. January to July 2024, a

total of 461 cases have been investigated; 382 Providers have been coached/mentored and 79 overpayments have been completed.

Citation: Provider Billing Form (DCC-97), Child Care Certificates/Contract (DCC-94b), Child Care Daily Attendance Record (DCC-94E), and 100% Attendance Report.

- 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 payments delinquent for 90 calendar days automatically go through the eligibility system to the Kentucky Department of Revenue for state tax intercept.**

Results: For 2024, there have only been (24) claims sent 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.

Findings: In 2023, (9) were found to have been issued civil penalties.

Results: In 2023, there were (8) provider sanctions, (23) assessed civil penalties and (0) disqualifications. There have only been (23) civil penalties issued in 2023. The penalties are monetary fines, with the amounts varying. There are no centers being prosecuted as a result of a penalty. Civil penalties are only ever issued to licensed centers, not certified family child care homes.

Administrative Hearings Findings: In 2023, there (14) Administrative Hearing requests from Providers.

Administrative Hearings Results: In 2023, there were (4) completed Administrative Hearings, (10) Hearings withdrew, and (2) continued Hearings. (38) provider claims were terminated and (173) had claims established which resulted in monetary recoupments.

- 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 is 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: **Results would be Claim establishment. The Claims Section receives documented findings and reviews for potential processing of claim establishment. If a Claim has been determined to be an agency error or error (non-fraud), the error will be calculated. A claim will be established and discussed with the individual or Provider. The individual or Provider is responsible for the repayment of the Agency Error (AE). The agency error can be paid back by completing and submitting 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. If the individual or Provider disagrees with the AE, an appeal can be offered for them to file. 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.**
- 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 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.

Disqualification Findings: Calendar year 2023, Child Care clients had (3) IPV's executed and (3) disqualification imposed.

Disqualification Results: The total number of child care client disqualifications for the calendar year of 2023 is (3).

Administrative Hearings Findings: Calendar year 2023, there has been (146) requested Administrative Hearings from clients.

Administrative Hearing Results: During the calendar year of 2023, (39) Hearings have been withdrawn by the clients, (1) is being reviewed by the Secretary of CHFS, (4) are awaiting Hearings, (90) have a final order issued, and (2) have been dismissed.

**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: **When a 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.

Disqualifying the Provider; if the Provider is disqualified, the appeal process, includes the Provider filing for an appeal of the disqualification. Provider will request appeal hearing with the Hearings Branch. If the IPV is over \$5,000, it will be sent to OIG for further investigation. Once OIG investigates, they will determine if prosecution is warranted and present to the County Attorney.

After the Child Care Claim has been investigated and substantiated by OIG, an agreement not to prosecute may be reached between the Courts and the Provider. This agreement is called a 'Deferred Adjudication'. The Provider will sign the DCC-83 'Deferred Adjudication Disqualification Consent Agreement'. By signing the DCC-83, the provider does not admit guilt, but consents to the appropriate disqualification period and repayment of the Claim. The Claim will then be entered administratively on IEES.

Staff must enter the disqualification within three (3) working days. Notification is a signed DCC-84 Supplement A or the DCC-83, a final hearing order, or notice of a court decision or agreement that finds the Provider guilty. At this time, the DCC-82 'Notice of Disqualification' is sent to the Provider; 12 months for the first occurrence; 24 months for the second occurrence; and permanently for the third occurrence or the length of penalty assigned by the Court.

Appeal Process for Child Care Providers includes notifying the Provider of the established Claim. The Provider must file the appeal within 30 days of the Claim establishment to be timely. A hearing date is set, all parties are notified, and the hearing is held. The hearing officer issues their decision within 30 days. The recommended order is issued, and an exception period of 10 days is given to the Provider. A final order is issued. The Provider can appeal the final order to the circuit clerk, if they wish.

The Hearings Branch schedules the hearing within 30 days and provides written notice to the Provider through certified mail and Cabinet staff copied on the notice.

Criminal Prosecution: criminal prosecution is presented in criminal court to the county attorney to consider for prosecution. There is 15 days given to the Provider, to file an exception to the recommended order. The secretary of the Cabinet will review and issue a final order. The Provider can appeal the final order from the secretary within 30 days to circuit court. If pursued the case will go to a

court hearing. The court hearing is scheduled and held. If convicted, a restitution order will be completed, along with any terms the courts impose on the Provider. DCC Claims' staff will be sent all orders of the Courts and will follow the court claim until paid in full.

Administrative Hearings Findings: Calendar year 2023, there were (0) requested Administrative Hearings from providers.

Results: Calendar year 2022, January – August 2022, demonstrates (0) provider sanctions, and (0) disqualifications. Calendar year 2023, (0) provider sanctions, and (0) disqualifications and January-July 2024, (0) provider sanctions, and (0) disqualifications.

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. **Data Source:** Business Intelligence Report (BI): Claims Analytics Detailed Report.

- iii. Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **If the IPV is over \$5,000, it will be sent to OIG for further investigation. Once OIG investigates, they will determine if prosecution is warranted and present to the County Attorney. The Hearings Branch schedules the hearing within 30 days and provides written notice to the Provider through certified mail and Cabinet staff copied on the notice.**
- iv. Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		