

# Child Care and Development Fund (CCDF) Plan For Florida FFY 2022-2024

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## 1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

### 1.1 CCDF Leadership

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

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

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

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Florida Department of Education/Division of Early Learning  
(DEL)

Street Address: 250 Marriott Drive

City: Tallahassee

State: Florida

ZIP Code: 32399

Web Address for Lead Agency: [www.floridaearlylearning.com](http://www.floridaearlylearning.com)

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Matthew

Lead Agency Official Last Name: Mears

Title: Chancellor

Phone Number: 850-717-8554

Email Address: [matt.mears@oel.myflorida.com](mailto:matt.mears@oel.myflorida.com)

### 1.1.2 Who is the CCDF Administrator?

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

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Matthew

CCDF Administrator Last Name: Mears

Title of the CCDF Administrator: Chancellor of Early Learning

Phone Number: 850-717-8554

Email Address: [matt.mears@oel.myflorida.com](mailto:matt.mears@oel.myflorida.com)

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

CCDF Co-Administrator First Name: Katerina

CCDF Co-Administrator Last Name: Maroney

Title of the CCDF Co-Administrator: Deputy Director of Programs and Policy

**Description of the Role of the Co-Administrator:** The Co-Administrator is responsible for ensuring timely communication with the Office of Child Care, responding to requests and ensuring all reporting requirements are met. The Co-Administrator ensures the CCDF Administrator is apprised of all communications, technical assistance and policy implications.

Phone Number: 850-717-8614

Email Address: [Katerina.Maroney@oel.myflorida.com](mailto:Katerina.Maroney@oel.myflorida.com)

## 1.2 CCDF Policy Decision Authority

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

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

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

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

A. State or territory

Identify the entity:

Division of Early Learning

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

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

C. Other.

Describe:

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

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

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

The 30 early learning coalitions (ELC/ELCs) and Redlands Christian Migrant

Association (RCMA) establish their individual local sliding fee scales. The sliding fee scales include full-time and part-time parent copayment rates and any sibling discounts. The sliding fee scales are updated each year based on the Federal Poverty Guidelines and are submitted to and approved by the DEL. A listing of the ELCs and RCMA can be found at the following link:

<http://www.floridaearlylearning.com/family-resources/find-quality-child-care/locate-your-early-learning-coalition>.

C. Other.

Describe:

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

A. State or territory

Identify the entity:

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

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

The 30 ELCs and RCMA establish child care provider payment rates for their service delivery areas, taking into consideration the average market rate. The rates are approved by DEL.

C. Other.

Describe:

iv. Licensing standards and processes are set by the:

A. State or territory

Identify the entity:

Department of Children and Families (DCF)

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

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

C. Other.

Describe:

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

A. State or territory

Identify the entity:

DEL

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

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

C. Other.

Describe:

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

A. State or territory

Identify the entity:

DEL - Tiered reimbursement

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

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

Locally designed quality initiatives are implemented by many of the 30 ELCs, ranging from simple pilot programs to county-wide QRIS.

C. Other.

Describe:

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

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

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

Who conducts eligibility determinations?

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

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

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

Who issues payments?

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

Who monitors licensed providers?

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

Who monitors license-exempt providers?

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

Who operates the quality improvement activities?

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

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

ELCs and RCMA determine eligibility, assist parents with locating child care, issue payments to providers, monitor licensed and license-exempt providers for contract/program compliance and operate quality improvement activities. DCF monitors licensed and license-exempt providers for health and safety.

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

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



- Tasks to be performed
- Schedule for completing tasks
- Budget which itemizes categorical expenditures in accordance with CCDF requirements
- Monitoring and auditing procedures
- Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

DEL administers early learning programs through grant awards with 30 ELCs that are registered not-for-profit 501(c)(3) organizations statutorily tasked with implementing early learning programs within their local service areas, and the RCMA, a not-for-profit statewide entity that serves the unique populations of migrant, seasonal and former farm worker families. DEL also oversees contracts with several additional organizations for the delivery of other aligned early learning program services and activities. Some services are also provided by other state agencies and coordinated with DEL.

**Oversight of Services & Activities:** The DEL fulfills its fiscal and programmatic monitoring responsibilities for DEL sub-recipients through several mechanisms. Each ELC is responsible for submitting an ELC School Readiness (SR) service delivery plan for review/approval by the DEL. ELC SR plans must include the ELC's operations, minimum number of children to be served by care level, procedures for implementing the SR application and waiting list, eligibility, enrollment processes, use of contracted slots, parent access and parental choice, sliding fee scale (and policies on applying the waiver or reduction of fees), child screening, program assessment policies, use of observation-based child assessments as applicable, provider payment rates, a detailed description of quality activities and services, a detailed budget, a detailed accounting, policies and procedures for procurement, maintenance of tangible personal property, maintenance of records, information technology, and disbursement controls, a description of the procedures for monitoring CCDF (School Readiness) program providers (including a parental complaint process), and documentation that the ELC has solicited and considered comments regarding its proposed program plan from the local community. Each ELC and RCMA must update its SR plan at least biennially and more frequent revisions are required, if needed. DEL has a formal SR plan amendment process in place for submission, review and approval of SR plan

changes. The DEL also maintains Memoranda of Understanding with DCF and the local child care licensing agencies (LLAs) in Broward, Hillsborough, Palm Beach, Pinellas, and Sarasota counties to perform mandatory health and safety inspections.

**Annual Risk Assessments:** A preliminary risk assessment is performed at the beginning of the fiscal year by DEL's Financial Management Systems Assurance Section to establish proposed monitoring priorities, testing tasks and sample sizes. During the planning phase for the fiscal and programmatic monitoring tasks, a final risk assessment is performed using information provided by each ELC as part of the planning/data gathering process for monitoring engagements. Individual scores are compiled for each ELC to reach a composite risk score. That score is compared to pre-set ranges to determine each entity's overall risk level (low, medium, high). This score is used to identify the number and type of sample items selected for testing.

**Internal Control Surveys:** Each ELC and material DEL sub-recipient is responsible for completing an annual internal control questionnaire. The completed questionnaire is submitted to and reviewed by DEL Program Integrity staff and used as part of the annual financial monitoring process by the DEL's contracted fiscal monitors.

**Fiscal Desk Reviews:** Fiscal Desk Reviews are also conducted by DEL's Financial Administration and Budget Services Unit on selected ELC expenditures to determine the allowability of reimbursed expenditures as a compliment to the monthly invoice submission process and annual financial monitoring activities. These desk reviews select a limited number of sample items from administrative, quality and other non-direct service expenditures.

**Annual Budget, Revenue, and Expenditure Reporting:** DEL staff reviews annual budget, revenue, and expenditure reporting to ensure reporting of costs is in accordance with the uniform chart of accounts, and in compliance with state and federal targeted funds and restrictions.

**Programmatic Monitoring:** DEL's Program Integrity Unit includes an Accountability section (AS) that conducts ongoing programmatic reviews for each ELC and RCMA. This review process addresses compliance with the School Readiness (SR) and Voluntary Prekindergarten Education (VPK) programs. This is completed with a two-phase approach: 1. Biennial Accountability Review - AS staff conduct an onsite or desk review of each ELC, including Governance, Operations, Educational Service Delivery, Child Care Resource and Referral, and Data Accuracy (which includes data edit reports related to eligibility and standard billing group codes). 2. Eligibility Review - AS staff conducts these tests on a biennial basis for all ELCs and RCMA. Tests include a random sample of SR and VPK

eligibility files and SR and VPK payment validation files.

**Training:** DEL staff conduct periodic training sessions related to eligibility issues. The AS has developed standard statewide eligibility monitoring guides for ELCs to use when monitoring their sub-recipients (if applicable). Validation of each ELC's sub-recipient monitoring results is completed during the ELC accountability review. In addition to validating an ELC's sub-recipient monitoring results for SR and VPK eligibility, the AS has developed monitoring tools to evaluate compliance in the areas of governance, operations, educational service delivery, child care resource and referral, and data accuracy. For ELCs and RCMA who provide SR and VPK services directly, the AS uses these monitoring tools to directly evaluate compliance in the areas of governance, operations, educational service delivery, child care resource and referral, data accuracy, SR and VPK child eligibility, SR and VPK provider payment validation, and VPK provider eligibility. Monitoring activities for all ELCs and RCMA include corrective action plan acceptance and technical assistance as it relates to each ELC's and RCMA programmatic monitoring review.

**Financial Monitoring:** DEL's Financial Management Systems Assurance Section (FMSAS) is responsible for various financial monitoring tasks of DEL sub-recipients, including the ELCs. DEL contracts for financial monitoring services with a qualified CPA firm licensed to practice within the State of Florida. The CPA firm conducts the annual financial compliance onsite monitoring visits under the direction of DEL staff. Current financial monitoring tasks are detailed in DEL's financial monitoring tools and include the following categories (as applicable) for DEL sub-recipients:

Preventive/Correction Action Plan Implementation

Financial Management Systems

Internal Control Environment

Cash and Revenue Management

DEL Statewide Information System Reporting and Reconciliation

Prepaid Program Items

Cost Allocation and Disbursement Testing

Travel

Purchasing

Contracting

Sub-recipient Monitoring

Separate monitoring tools have been provided for selected sub-recipients (statewide contracts, universities, etc.).

Other annual FMSAS monitoring tasks include, but may not be limited to: review of annual

audit reports; notice to sub-recipients of monitoring findings; receipt of resulting preventive/corrective action plans; analysis of all preventive/corrective action plans to ensure timely review; revisions (as needed) and final approval of these plans; and preparation of periodic progress reports as requested by DEL management. DEL also conducts internal reviews of DCF/local licensing agency (LLA) inspections to ensure that follow-up inspections are conducted when necessary.

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

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

DEL will make available any child care information system code or software that was developed with CCDF funds. DEL will ask that the entity requesting the code or software compensate DEL for the costs of securely transferring the system related data.

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

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

Under Section (s.) 1002.97, Florida Statutes (F.S.), individual records of children who receive CCDF assistance are confidential. Confidential records include assessment data, health

data, records of teacher observation, and personally identifiable information. The DEL requires ELCs and applicable contractors to take reasonable measures to safeguard the personally identifiable information of children receiving CCDF assistance.

### 1.3 Consultation in the Development of the CCDF Plan

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

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at

[https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf).

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

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

#### Consultation

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

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

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

Local public school district representatives received invitations to be a part of the sub-committee and the CCDF Plan public hearing and were provided drafts of the Plan for comments.

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

The DEL convened a CCDF sub-committee that included all the key stakeholders, as well as those serving on the State Advisory Council.

c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place. The Miccosukee Indian tribe was invited to be a part of the sub-committee and provided a copy of the plan for input.

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

The DEL convened a CCDF sub-committee, all stakeholders and partners listed in 1.4.1 were invited to review and provide comments to the draft CCDF plan.

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

Reminder:

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

a) Date of the public hearing. 05/24/2021

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

b) Date of notice of public hearing (date for the notice of public hearing identified in a. 05/04/2021

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

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

Published in the Florida Administrative Register, Volume 47, Number 86. It is also posted at <http://www.floridaearlylearning.com/policy>

d) Hearing site or method, including how geographic regions of the state or territory were addressed. Division of Early Learning, Tallahassee, Florida. The hearing was conducted via webinar.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.) The plan was posted to [www.floridaearlylearning.com/policy](http://www.floridaearlylearning.com/policy)

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? The DEL recorded the hearing and captured all comments made by the public for consideration or incorporation into the final 2022-2024 CCDF Plan. The DEL also invited public comments to be submitted via email ([oel.questions@oel.myflorida.com](mailto:oel.questions@oel.myflorida.com)) prior to and during the hearing.

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

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

[www.floridaearlylearning.com/policy](http://www.floridaearlylearning.com/policy)

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

Working with advisory committees.

Describe:

The DEL created a CCDF sub-committee to provide input on the development of the 2022-2024 CCDF State Plan. The Florida Children and Youth Cabinet is also on the CCDF Subcommittee and was also provided a copy of the draft plan to provide input.

Working with child care resource and referral agencies.

Describe:

The State Child Care Resource and Referral Network representative and the Association of Early Learning Coalitions (which represents the ELCs and local CCRR agencies) were invited to participate as sub-committee members and provided a copy of the draft plan to provide input.

Providing translation in other languages.

Describe:

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

Describe:

DEL shared information regarding development of the CCDF Plan through email and



the website prior to the hearing.

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

Describe:

DEL invited a parent leader, provider and advocacy groups to be members of the CCDF sub-committee and were provided a copy of the CCDF plan for input. These groups included organizations such as the Child Development Education Alliance/Association of Christian Early Educators, Florida Association for the Education of Young Children, Florida Association for Child Care Management, Florida Family Child Chare Home Association, Florida Head Start Association, Florida Association of Christian Colleges and Schools, the Florida Association for District School Superintendents.

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

- Other.

Describe:

## 1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

### 1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

**1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the**

**needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).**

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

Include in the descriptions the goals of this coordination, such as:

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

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

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

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

Local public school district representatives received invitations to the public hearing and were provided drafts for comments. In partnership with local school districts, ELCs and community partners, the DEL provides collaborative opportunities during Transition to Kindergarten Regional Summits. The DEL also provides resources and guidance to support educators and families as they support children transitioning from preschool to kindergarten. Resources are located on the DEL website at

<http://www.floridaearlylearning.com/vpk/families/transition-to-kindergarten>

ii. 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 goals, processes, and results:

The CCDF plan sub-committee is composed of all the stakeholders required for coordination. These stakeholders are provided with copies of the draft plan and are

invited to provide input on multiple occasions throughout the drafting process.

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

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:

The DEL extended an invitation to the Miccosukee Tribe to participate in the drafting of the CCDF plan.

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

iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:

The OEL coordinates efforts with state agencies that oversee implementation of the Individuals with Disabilities Education Act (IDEA). OEL works closely with the Bureau of Exceptional Student Education (BESE) to align identification and referral information. Additionally, a representative of OEL serves on the PreK Strategic Planning Committee as part of the overall BESE Planning Group. The Florida Department of Health (DOH) oversees Part C, Early Steps Program; and the Florida Department of Education (DOE) oversees Part B, Pre-kindergarten Programs for Children with Disabilities. Early Head Start grantees coordinate with the Early Steps Program to recruit and provide comprehensive services to infants and toddlers with disabilities. The OEL maintains a statewide toll-free Warm Line for the purpose of providing assistance and consultation to child care personnel about health, developmental disability and special needs issues. ELCs collaborate with comparable local service providers. Many utilize inclusion specialists (employed by the ELC or other service providers) to promote increased awareness of early childhood inclusion issues and provide training and technical assistance regarding the needs of children with disabilities. Local inclusion specialists work with child care personnel on issues such as typical and atypical development; environmental adaptations; social and emotional needs of children; managing

challenging behaviors; and strategies to help children derive maximum benefit from the child care experience. In addition, a representative of programs serving children with disabilities serves as a member of each ELC board. The Florida Expanding Opportunities Workgroup for early childhood inclusion, a cross-agency initiative promoting inclusive options for young children with disabilities and their families, representing DOE, OEL, DOH, Children's Medical Services Early Steps, the Florida Head Start State Collaboration Office, parent organizations, the Florida Developmental Disabilities Council, institutions of higher education, family members and representatives from community programs has transitioned to OEL's steering committee for the inclusion and child identification initiatives. This group, now known as the Florida Inclusion Network has established a strategic plan to expand opportunities to children with special needs through greater collaboration at the state and local levels. Additionally, the workgroup is providing OEL support and expertise with the design of each quality initiative to ensure incorporation of inclusive practices for children with all exceptionalities. The OEL also works with the Florida Interagency Coordination Council for Infants and Toddlers, the steering committee for the Part C program in Florida to align efforts supporting inclusion in infants and toddlers.

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

Successful collaborations between Head Start, Early Head Start and Migrant and Seasonal Head Start grantees and DEL have expanded opportunities for additional children to receive Head Start comprehensive services (as described in 45 Code of Federal Regulations (C.F.R.) Parts 98 and 99, s. 98.12). Using a variety of service delivery models, and maximizing the funds, Head Start and local ELCs can provide more families with comprehensive services, thus better meeting the needs of working families throughout the state. Each ELC board has a representative member from Head Start. As a provision of the Revised Head Start Act of 2007, Head Start grantees must develop agreements with their ELCs for enhanced communication, service delivery and data collection purposes. At the state level, the Head Start State Collaboration Office is housed within DEL and they work closely together on policies.

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

The DEL coordinates with DOH for KidCare (state children's health insurance program),

early intervention services through Children's Medical Services, Early Steps Program and Community Health Promotion, Child Care Food Program to enhance and align the quality of services. Some ELCs contract with local county health departments to enhance the quality of services to families. A county health department director or designee serves on each ELC board. The DEL's Warm Line links child care providers to early intervention services, such as Early Steps.

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

The Department of Economic Opportunity (DEO) coordinates with DCF to implement employment and training work requirements for Temporary Assistance for Needy Families (TANF) recipients. The goal of these efforts is to coordinate services, resources, fund coordination, and availability of services at One-Stop Centers.

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

DEL is the Lead Agency responsible for administering the State's CCDF program. ELC board representation includes the district school superintendent. ELCs and RCMA work with local school districts and community colleges within their areas to provide supports or direct services for the SR and VPK Education programs. Coordination efforts with DOE also include development of the *Florida Early Learning Developmental Standards: Birth to Five*, development of *VPK Standards* for children enrolled in VPK programs and administration of accountability requirements for the VPK Program through development and implementation of the *Florida Kindergarten Readiness Screener (FLKRS)*. These efforts assist the state in enhancing and aligning quality of services.

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

DCF is responsible for child care licensing and regulation. Pursuant to s. 402.26, Florida Statutes (F.S.), the legislative intent is that DCF must ensure that children are well cared for in a safe, healthy, positive and educational environment by trained, qualified child care staff in licensed child care arrangements. Florida law identifies those child care establishments that must be licensed. State licensure standards address health, sanitation, safety and adequate physical surroundings; health and nutrition; and child development needs of children in child care. The DCF is statutorily responsible for

administering child care licensing and training in 62 of the state's 67 counties. State law also allows county governments with licensing standards that meet or exceed state minimum standards to designate an LLA to license child care facilities in their counties. Currently, five counties have local licensing and inspection programs. In the remaining counties, DCF performs child care regulatory and compliance activities for licensed child care arrangements. Pursuant to s. 402.307, F.S., DCF's oversight responsibility for child care licensing in the five locally licensed counties is: - Within 30 days after the promulgation of state minimum standards, each county shall provide DCF with a copy of its standards if they differ from the state minimum standards. At the same time, each county shall provide DCF with the administrative procedures it intends to use for the licensing of child care facilities. - The DCF shall have the authority to determine if local standards meet or exceed state minimum standards. Within 60 days after the county has submitted its standards and procedures, DCF, upon being satisfied that such standards meet or exceed state minimum standards and that there is compliance with all provisions of ss. 402.301- 402.319, F.S., shall approve the local licensing agency. Approval to issue licenses for DCF shall be renewed annually. For renewal, the LLA shall submit to DCF a copy of the licensing standards and procedures applied. An onsite review may be made if deemed necessary by DCF. - If, following an onsite review, DCF finds the LLA is not applying the approved standards, DCF shall report the specific violations to the county commission of the involved county, which shall investigate the violations and take whatever action necessary to correct them. - To ensure that accurate statistical data are available, each local licensing agency shall report annually to DCF the number of child care facilities under its jurisdiction, the number of children served, the ages of children served and the number of revocations or denials of licenses. DEL, in cooperation with the ELCs, coordinates with the DCF and the local licensing agencies to avoid duplicating interagency activities, such as health and safety monitoring. The DCF and the LLA's conduct inspections required for CCDF providers and provide that information on a public website for viewing.

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

The DEL coordinates with DOH to share resources on healthy food and nutrition practices and to reduce fraud in the Child and Adult Care Food Program. The goal is to align services. The Child Care Food Program provides reimbursement for nutritious

meals and snacks served to children in child care settings.

xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:

The Homeless Education Program in the DOE participates on advisory groups and provides consultation, as needed, on outreach and identification of qualifying families. Local Education Agency (LEA) Homeless Education Liaisons provide SR Program information to newly identified homeless families and make referrals to their local ELC. Head Start, Early Head Start and Migrant and Seasonal Head Start programs also coordinate with their McKinney-Vento Liaisons to recruit and enroll homeless families through partnership agreements with LEAs. This coordination of services assists the state in developing a supply of quality care for the homeless population.

xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

DCF is responsible for the administration of TANF eligibility. The DEL and ELCs coordinate child care placements for TANF recipients to help ensure that TANF requirements are met and to expand accessibility and continuity of care.

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

The Florida Agency for Health Care Administration (AHCA) is responsible for the administration of Medicaid in Florida. The DEL coordinates with AHCA on the drafting of the CCDF plan to ensure that any opportunities for coordination are utilized.

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

The DEL coordinates with the Florida Association for Infant Mental Health (FAIMH) regarding the draft CCDF plan. Additionally, DEL coordinates with FAIMH to support infant and early childhood mental health initiatives around the state. The current collaboration is focused on early childhood quality improvement coaches cross training in mental health practices. DEL has prioritized mental health and healthy social emotional development. Through the Preschool Development Grant (PDG), DEL has formed direct partnerships with the Florida Association for Infant Mental Health and Florida State

University's Center for Prevention and Early Intervention Policy and provision of mental health supports and endorsement.

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

The CCR&R State Network office, housed within DEL, contracts and coordinates with 30 ELCs throughout the state to offer families and providers comprehensive child care resource and referral services at the local level, including consumer education, provider listings, information on financial and community resources, and provider training and technical assistance. State network staff develop and provide local CCR&R agencies with consumer education resources to educate parents and providers on best practices in child development and early childhood care and education. This coordination links comprehensive services to children in child care settings. The DEL network of lead trainers within the ELCs provide training on many early childhood topics to include promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies.

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

The DEL coordinates with the Florida After-School Network (FAN) regarding the draft CCDF plan. DEL works closely with FAN and the State 21st Century Community Learning Centers through shared goals, such as updating the *Afterschool Standards and Core Competencies* for professionals. DEL also serves on the FAN Advisory Council.

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

DCF is responsible for emergency management and response for childcare facility, license-exempt and family childcare home operations throughout the state of Florida. DCF is involved with the composition of the plan from start to finish and the DEL continuously meets with DCF during the year on emergency management coordination related to childcare facility, license-exempt or family childcare home operations. Through administrative code (rules) and executive orders, the DEL facilitates the provision of financial supports to CCDF child care programs during periods of temporary closures or



extended child absences due to emergencies/disasters beyond the control of child care programs. DCF developed the statewide Child Care Continuity of Operations plan in collaboration with the Florida Department of Health, the Florida Division of Emergency Management, the DEL, and Early Learning Coalitions throughout the state. DCF has guidelines for continuing child care services after a disaster outlined in the Child Care Desk Reference Guide (CF-Pamphlet 175-2) for licensing offices statewide. The DEL has procedures and guidelines outlined in the Continuity of Operations Plan (COOP) and Program Instruction 240.20 relating to Disaster Guidance to ensure continuity of services and payments. The guidance also addresses determination of eligibility for disaster-impacted families, fee waivers and using quality funds for repair and renovation of programs after a disaster event. Immediately after a disaster, DCF Regional-Emergency Operations Teams (R-EOT) provide direct instructions to staff regarding whether or not to report to the office, an alternate location, or to telecommute. Within 24 hours after a declared emergency (hurricane, forest fire, or other natural disaster), the Florida Administrative Code requires the owner, operator, or director of a child care facility or family day care home (licensed, large, or registered) to notify the licensing authority about the status of operation. As soon as practicable after an emergency, Family Services Counselors will focus immediately on contacting facilities and homes to determine their operational status. Results of the assessment will be reported to the R-EOT and H-EOT using the Hurricane Damage Tracking Sheet.

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

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

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

Describe

The DEL collaborates with the Head Start State Collaboration Office, the ELCs and the nine Early Head Start Child Care Partnership grantees to coordinate the delivery of services, inform policy decisions and to ensure smooth implementation of these

new grants. DEL has set up an email address dedicated to policy questions specific to these grants. Some of these policy decisions, for these grantees, include extending to a 12-month redetermination of family eligibility instead of a six-month redetermination process and waiving parent fees on a case-by-case basis when parents engage in Early Head Start parent training activities.

ii. [State/territory institutions for higher education, including community colleges](#)

[Describe](#)

The DEL also contracts with the University of South Florida to provide the Home Instruction for Parents of Preschool Youngsters (HIPPY) program, which is a home-based instruction program for at-risk families with children ages 2 to 5. This coordination of services assists the state in linking comprehensive services to children in child care settings for a smooth transition between programs. Additionally, DEL works with institutes of higher education (IHE) to assist with articulation processes throughout the state. DEL sits on an advisory board designing course requirements for state certificate programs offered through the IHE.

iii. [Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.](#)

[Describe](#)

The DEL has developed strong partnerships with Florida State University's Center for Prevention and Early Intervention Policy for implementation of the *10 Components of Quality* training, as well as the Florida Association for Infant Mental Health, to provide trainings and endorsements related to infant and early childhood mental health. The DEL is also working closely with the University of South Florida Tampa on training and implementation of the Pyramid Model, a framework of evidence-based practices for promoting young children's healthy social and emotional development.

iv. [State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.](#)

[Describe](#)

The DEL collaborates with the Maternal, Infant and Early Childhood Home Visitation program to design streamlined systems of care as well as scope development for all related quality initiatives.

- v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

AHCA is responsible for the administration of Early and Periodic Screening, Diagnostic, and Treatment program in Florida. The DEL coordinates with AHCA on the drafting of the CCDF plan to ensure that any opportunities for coordination are utilized.

- vi. State/territory agency responsible for child welfare.

Describe

The DEL coordinates with the DCF Family Safety Office to promote child safety and ensure at-risk children have continuity of care and access to high-quality care.

- vii. Provider groups or associations.

Describe

The DEL is in regular contact with provider associations regarding rules, regulations, and policy that effect child care providers in the state. Wherever possible, the DEL works with provider associations to resolve any policy related issues that arise.

- viii. Parent groups or organizations.

Describe

- ix. Other.

Describe

### Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers and

school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

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

[https://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf)).

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

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

Layering of funds to provide child care and comprehensive services. The DEL blends state and federal funds for subsidized child care at the state level and allocates the blended funds for services to local agencies.

b) Which funds you will combine

State general revenue, CCDF, TANF, Social Services Block Grant (SSBG) and local public and private funds are combined at the state and local levels for seamless service delivery for families. CCDF is used to provide wrap-around care for SR children participating in the Voluntary Prekindergarten Program (VPK). Early Head Start (EHS)-Child Care Partnership grant funds and CCDF are layered to provide

comprehensive services for working families meeting EHS requirements, and can be allocated to other participating children.

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

The purpose and expected outcomes for combining funds is to increase access to services, extend the services available and increase capacity for quality services through combined support for early childhood educators and early care and education programs. This results in a seamless process for families applying for services and for agencies that administer the program.

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

Funds are combined at the state and local levels. At the state level, the legislature annually appropriates state and federal SR funds to DEL and provides specific allocations for the ELCs. DEL enters into a grant agreement with each ELC and provides the appropriated funds to the ELCs through annual Notice(s) of Award. Additionally, ELCs may layer in public and/or private local funding to provide child care and comprehensive services. More detail can be found in section 8.1.

e) How are the funds tracked and method of oversight

School Readiness (SR) expenditures are tracked at the local and state levels. Expenditures are tracked each month, and DEL monitors subrecipients for adherence to the grant agreement terms and conditions.

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

Note:

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

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

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

- a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.
  - i. If checked, identify the source of funds:
    1. State General Revenue
    2. Local County Governments - some local ELCs receive matching funds from local county governments and special taxing districts.
- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
  - i. If checked, are those funds:
    - A. Donated directly to the State?
    - B. Donated to a separate entity(ies) designated to receive private donated funds?
  - ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

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

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

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

DEL and ELCs coordinate services to ensure prekindergarten programs meet the needs of working parents by:

- Assisting parents through the child care resource and referral process;
- Providing School Readiness (SR) wrap-around care (as funding is available) to qualified clients concurrently enrolled in the Voluntary Prekindergarten (VPK) Education program;

- Maximizing resources to serve more children and families; and
- Encouraging parents to register for the VPK Education program in addition to other programs and thereby maximizing available resources appropriately.

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

DEL and ELCs coordinate the state's VPK and child care services to expand the availability of child care so that:

- Child care programs are eligible to receive VPK funding;
- SR wrap-around care may be provided for qualified clients concurrently enrolled in VPK programs;
- Parents and providers are made aware of the availability of programs;
- The needs of working parents continue to be met; and
- The level of effort in full day/full year child care service is increased.

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

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

DEL and ELCs coordinate the state's VPK and child care services to expand the availability of child care so that:

- Child care programs are eligible to receive VPK funding;
- SR wrap-around care may be provided for qualified clients concurrently enrolled in VPK programs;
- Parents and providers are made aware of the availability of programs;
- The needs of working parents continue to be met; and
- The level of effort in full day/full year child care service is increased.

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

DEL and ELCs coordinate the state's VPK and child care services to expand the availability of child care so that:

- Child care programs are eligible to receive VPK funding;
- SR wrap-around care may be provided for qualified clients concurrently enrolled in VPK programs;

- Parents and providers are made aware of the availability of programs;
- The needs of working parents continue to be met; and
- The level of effort in full day/full year child care service is increased.

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

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

DEL and ELCs coordinate its VPK and child care services to expand the availability of child care so that:

- Child care programs are eligible to receive VPK funding;
- SR wrap-around care may be provided for qualified clients concurrently enrolled in VPK programs;
- Parents and providers are made aware of the availability of programs;
- Providers receive standards and assistance with accreditation or licensure of programs;
- The needs of working parents continue to be met; and
- The level of effort in full day/full year child care service is increased.

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

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements? 100%

## 1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-

private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

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

**Local Level Public-Private Collaborations:** Statutorily, the SR Program is administered by DEL through 30 ELCs and RCMA at the local level, which are all not-for-profit organizations that coordinate service delivery efforts. Thus, most public-private partnerships are formed and realized in local communities. The DEL encourages and monitors these efforts. Each ELC has a board that must have at least 15, but not more than 30, members. The law requires that the board of each ELC include the following members:

- Governor-appointed chair and two other members who must meet the same qualifications as private-sector business members.
  
- A DCF regional administrator or a permanent designee authorized to make decisions on behalf of the department.
  
- A district superintendent of schools or a permanent designee authorized to make decisions on behalf of the district.
  
- A local workforce development board executive director or a permanent designee.
  
- A county health department director or a designee.
  
- A children's services council or juvenile welfare board chair or executive director, if applicable.
  
- An agency head of a local licensing agency as defined in s. 402.302, F.S., where applicable.

- A president of a Florida College System institution or a permanent designee.
  - One member appointed by a board of county commissioners or the governing board of a municipality.
  
  - A Head Start director.
  
  - A representative of private for-profit child care providers, including private for-profit family day care homes.
  
  - A representative of faith-based child care providers.
  - A representative of programs for children with disabilities under the federal Individuals with Disabilities Education Act.
  
  - A central agency administrator, where applicable.
- Including the members appointed by the governor, more than one-third of the members of each ELC must be private-sector business members.

One benefit from local ELCs including members representing local public and private entities is that the ELCs are more easily able to raise and attract private funds to enhance the quality of care.

Other examples and results of public-private collaborations at the local level, under Florida law, are county governments empowered to create Children's Services Councils, which are special taxing districts that empower local voters to levy ad valorem taxes (e.g., property taxes) earmarked for children's services. There are 13 Children's Services Councils across the state of Florida. 11 are independent special taxing districts and the remaining two are dependent upon local governmental entities for funding.

**Independent:**

1. The Children's Trust of Miami

2. CSC of Broward
3. CSC of Palm Beach
4. CSC of Martin County
5. CSC of St. Lucie County
6. CSC of Okeechobee
7. Hillsborough Children's Board
8. Juvenile Welfare Board of Pinellas County
9. Children's Trust of Alachua County
10. CSC of Leon County (New)
11. Escambia Children's Trust (New)

Dependent:

1. Kids Hope Alliance (Jacksonville)
2. Manatee County Children's Services

Children's Services Councils are successful public-private partnerships that enable local communities to address many service needs of children and their families in local communities. ELCs and RCMA work collaboratively with the Children's Services Councils where they exist, and this collaboration results in the infusion of local funds, which are used to expand local ELC services and efforts.

ELCs have collaborated with numerous public and private entities to enhance service delivery. A few examples are:

- Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood® Scholarship Program Expansion. Some ELCs use business donations to supplement T.E.A.C.H.® scholarships.
- The Early Childhood Incentives Program (Formerly the WAGE\$® Program) provides salary supplements to early learning providers in participating ELC service areas based on their education and continuity of employment.
- The Help Me Grow Florida Program offers a bridge between all young children with suspected special needs in Florida and those served through the DEL and the ELCs. Communities where ELCs and HMG collaborate effectively serve as a model for expansion in areas without such partnerships. For example, the Duval, Flagler and Volusia, Lake, Marion and Northwest Florida ELCs have bridged the gap to ensure follow up is provided by Care Coordinators for concerns identified by the developmental or social-emotional screening and provide education and support to families with specific developmental or behavioral concerns or questions, help families recognize typical developmental milestones,



provide referrals to community-based supports, empower families to overcome barriers to services and follow up to ensure linkages to services are successful.

- Collaborative partnerships with community-based care organizations (local child welfare service coordinators) to provide specialized services to foster families and children in protective services.

- Coordination with local civic organizations to provide books and reading opportunities for young children.
  - Partnerships with civic organizations and local governments to enhance play and learning opportunities for young children and their families at local parks.

At the local level, ELCs make funding decisions, administer the program, manage contributions and conduct eligibility determinations for families who wish to participate in the program.

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

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

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

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

- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

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

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

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

Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

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

The DEL houses the CCR&R State Network and contracts with 30 ELCs to provide CCR&R services locally in each of Florida's 67 counties. Each ELC is responsible for administering CCR&R services to families in its service area. CCR&R services are

provided by trained specialists and available to all families regardless of income or individual circumstances. The Florida CCR&R state-level Network works closely with ELCs and local CCR&R offices statewide.

## 1.8 Disaster Preparedness and Response Plan

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

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

No

Yes

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

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

- a. The plan was developed in collaboration with the following required entities:
  - i. State human services agency
  - ii. State emergency management agency
  - iii. State licensing agency
  - iv. State health department or public health department
  - v. Local and state child care resource and referral agencies
  - vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.
- d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
  - i. Procedures for evacuation
  - ii. Procedures for relocation
  - iii. Procedures for shelter-in-place
  - iv. Procedures for communication and reunification with families
  - v. Procedures for continuity of operations
  - vi. Procedures for accommodations of infants and toddlers
  - vii. Procedures for accommodations of children with disabilities
  - viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

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

[https://www.myffamilies.com/service-programs/child-care/docs/Child%20Care%20Continuity%20of%20Operations%20Plan%20\(COOP\)-Disaster%20Preparedness.pdf?d=2021-8-30](https://www.myffamilies.com/service-programs/child-care/docs/Child%20Care%20Continuity%20of%20Operations%20Plan%20(COOP)-Disaster%20Preparedness.pdf?d=2021-8-30)

## 2 Promote Family Engagement through Outreach and Consumer Education

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

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

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

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

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

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

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

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

Describe:

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

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

## 2.2 Parental Complaint Process

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

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

Parents may file complaints by contacting DCF's abuse hotline, by contacting the local child care licensing agency or contacting the local ELC. The DCF's webpage provides a directory via an interactive map so parents can easily locate the licensing office in their area. See links: <https://www.myflfamilies.com/service-programs/child-care/complaint/> and

<https://www.myflfamilies.com/contact/?program=Child%20Care>

The DEL also receives complaints from parents regarding providers through the Child Care Resource and Referral State Network office parent line. Any complaint regarding health, safety, nutrition, or allegations of abuse or neglect is forwarded to licensing or the Child Abuse Hotline, as applicable. Additionally, parents may make complaints regarding fraud, program abuse or mismanagement through DEL's online complaint form. See link: Preventing Fraud | OEL ([floridaearlylearning.com](http://floridaearlylearning.com))

<http://www.floridaearlylearning.com/coalitions/coalition-resources/preventing-fraud>

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

Provider complaints most often are sent through the DEL and/or the DCF, the state licensing entity. The DEL receives complaints through the online parent complaint form, calls into the parent line, or through written correspondence. The DEL staff collect a summary of the complaint and caller information, including name, county and contact information. If the complaint is not related to health and safety concerns, the CCR&R staff resolve them through coordination/working the ELCs. In addition to the DEL system, CCDF providers that receive parental complaints are monitored by the ELCs using the *Statewide School Readiness Provider Contract Monitoring Tool*. Complaints regarding health and safety violations are sent to DCF and local licensing agencies (LLA), as applicable. When the information or alleged violation given in a complaint is verified, the complaint is considered a substantiated complaint.

Parents may complete DCF's *Child Care Provider Online Complaint Form* to initiate investigation of complaint allegations relevant to the governing statutes and/or rules for child care services. Upon receipt of a complaint that a child care provider may have violated child care standards, DCF conducts a complaint inspection, or an on-site investigation. The



purpose of the complaint investigation is to determine whether the allegations can be verified. A complaint inspection generally includes only those items on the standard classification summary that relate to the complaint allegations, unless additional non-compliance items are observed during the inspection. In that case, additional standards may be added to the complaint investigation or a full routine inspection may be conducted.

DCF's process for substantiating and responding to complaints for CCDF and non-CCDF providers is the same. However, CCDF providers are also monitored according to DEL rules/standards. The process is as follows. DCF Child Care Regulation Program licensing office clerical staff are responsible for receiving complaints, completing intake forms and maintaining complaint-tracking logs. The licensing counselor is responsible for the planning, investigation, evaluation, communication and determination of complaints involving violations of child care standards. DCF is authorized to investigate complaints or concerns related to licensing and registration laws and rules. Only complaints alleging violations of licensing or registration standards can be investigated. Complaint investigations must be commenced within 48 hours (2 business days). Serious complaints should be investigated immediately. Once a complaint has been filed, the information is analyzed to identify other agencies that may need to be involved, relevant regulatory and statutory requirements are determined, facility or home history is reviewed and a plan for the investigation is developed.

Investigation of a complaint requires an on-site visit to the facility or home at which time the allegations are discussed with the facility director or home operator. During the on-site investigation, evidence may be gathered by interviews as appropriate and applicable and other information gathering methods can be used (incident reports, written statements, photographs, observation of child(ren), and examination of supplementary evidence such as enrollment forms, time sheets, attendance records, menus, etc.). After the on-site investigation, the evidence is evaluated to determine whether the complaint is valid or not and if there are possible violations or deficiencies. The analyzed information is then made into a complaint inspection report. A complaint inspection report must be completed in its entirety, thoroughly documenting allegations, response, and investigative findings in the *Licensing Application* and archived in the *Child Care Administration, Regulation and Enforcement System (CARES)*.

The investigation is considered "complete" when all information has been evaluated and findings are determined. Once all of the evidence has been evaluated and a decision has

been made, the findings must be reviewed with the facility owner/director or home operator. A copy of the complaint inspection and complaint narrative is given to the facility owner/director or home operator upon completion of the investigation and an exit interview is conducted. If a plan for corrective action is required, the licensing counselor must complete a follow up to determine compliance. Upon completion of required corrective actions, compliance should be documented in the CARES through completion of a re-inspection report in the *Licensing Application*. All investigations of complaints must be included in the licensing/registration file regardless of the findings. The provider must come into compliance within a reasonably determined timeline.

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

All complaint inspections are stored in the DCF licensing system (CARES). Complaint inspections that contain a finding of non-compliance are displayed to the public after all necessary investigations have been complete.

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

All complaint inspections regarding health and safety standards are stored in the DCF licensing system (CARES). Complaint inspections that contain a finding of noncompliance are displayed to the public after all necessary investigations have been completed.

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

The DCF's webpage provides a form to file a complaint.

See link:

<https://www.myflfamilies.com/service-programs/child-care/complaint/>

Parents may also make complaints regarding fraud, program abuse or mismanagement through DEL's online complaint form. See link:

<http://www.floridaearlylearning.com/coalitions/coalition-resources/preventing-fraud>

## 2.3 Consumer Education Website

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

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

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

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

DCF website is the first domain that appears when child care in Florida is searched via google. DCF ensures the content and formatting of the site meets the Americans with Disabilities Act (ADA) requirements. Information placed on the website is written using plain language. Images used are appropriate to the subject of the content and are culturally appropriate. DCF works with outside entities to view and utilize the webpage. The website is constantly viewed and monitored for comments from the general public to ensure it is user-friendly, or to include or clarify information, if necessary.

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

The DEL ensures that the [www.floridaearlylearning.com](http://www.floridaearlylearning.com) can be translated through the use of Google Translate. Florida has a large population of Spanish and Haitian Creole speaking residents; print materials developed by DEL are translated into these languages. The DCF ensures that the [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare) can be translated with Google Translate as well. In addition, the DCF has the following resources available: DCF Auxiliary Aids and Service Plan: The Americans with Disabilities Act of 1990 (ADA), Americans with Disabilities Act Amendments Act of 2008, and Title VI of the Civil Rights Act of 1964 (as amended), requires recipients receiving federal financial assistance to develop procedures, policies, and protocol to provide auxiliary aids for persons with disabilities and Limited English Proficient. This guide provides protocol and available resources for the implementation of Departmental policy and procedures for the provision of auxiliary aids and services in ensuring accessibility to all programs, benefits, and services to persons with disabilities and foreign language interpreters for persons with Limited English Proficiency. The [DCF Auxiliary Aids and Service Plan](#) consists of region points of contact, multilingual staff, and a complete list of available

resources and contact information.

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

Section 282.603, F.S. requires that each state agency use accessible electronic information and information technology that conforms to Section 508 of the Rehabilitation Act of 1973 to make their electronic and information technology (EIT) accessible to people with disabilities. To maintain compliance with the Statute and Act, DEL has staff trained in formatting guidelines set by the Americans with Disabilities Act (ADA) to ensure all information is accessible to persons with disabilities. Additionally, materials developed by DEL for print also follow the ADA guidelines for design. DCF has resources regarding access to services for persons with disabilities that can be found at <http://www.myflfamilies.com/accessibility>.

Accessibility: The Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in programs conducted by Federal agencies, in programs receiving Federal financial assistance, in Federal employment, and in the employment practices of Federal contractors. Section 504 states that "no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under" any program or activity that either receives federal financial assistance or is conducted by any executive agency. To see what DCF is doing to assist the deaf and hard of hearing, please visit the DCF's Services for the Deaf and Hard of Hearing section. The DCF Auxiliary Aids and Service Plan is also available on its website. Section 508 establishes requirements for electronic and information technology developed, maintained, procured, or used by the Federal government. Section 508 requires federal electronic and information technology to be accessible to people with disabilities, including employees and members of the public. In December 2000, the Federal Access Board issued final standards for electronic and information technology under Section 508 of the Rehabilitation Act. These were adopted and published in the Federal Registrar in April 2001, with enforcement to begin June 21, 2001. While these standards currently apply to federal government, it is the direct responsibility of Florida state government agencies and their web designers and developers to become familiar with these accessibility guidelines and to apply these principles in designing and creating any official web site.

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

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

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

<https://www.myflfamilies.com/service-programs/child-care/child-care-licensure.shtml> and <https://www.myflfamilies.com/service-programs/child-care/religious-exemption.shtml>

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

<https://www.myflfamilies.com/service-programs/child-care/docs/ChildCareProgramsAndInspectionsGuide.pdf>

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

<https://www.myflfamilies.com/service-programs/background-screening/clearinghouse/>

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

[http://www.leg.state.fl.us/statutes/index.cfm?app\\_mode=display\\_statute&search\\_string=&url=0400-0499/0435/sections/0435.04.html](http://www.leg.state.fl.us/statutes/index.cfm?app_mode=display_statute&search_string=&url=0400-0499/0435/sections/0435.04.html)

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

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

a. Provide the website link to the list of child care providers searchable by ZIP code:

<https://cares.myflfamilies.com/PublicSearch>

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

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers
- v. Other.

Describe

School-age providers

c) Identify what informational elements, if any, are available in the searchable results.

Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver

- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

#### License-Exempt CCDF Center-based Providers

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

#### License-Exempt CCDF Family Child Care Home Providers

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

#### License-Exempt Non-CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information



- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

#### Relative CCDF Providers

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

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

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

d. Other information included for:

- i. All Licensed providers.

Describe

Assigned ID number; website link, if available; provider status and expiration date; program detail and services offered; federal/state program designations; hours of operation; and mapped location.

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

Describe

Assigned ID number; website link, if available; provider status and expiration date; program detail and services offered; federal/state program designations; hours of operation; and mapped location.

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

Describe

Assigned ID number; website link, if available; provider status and expiration date; program detail and services offered; federal/state program designations; hours of operation; and mapped location.

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

Describe

Assigned ID number; website link, if available; provider status and expiration date; program detail and services offered; federal/state program designations; hours of operation; and mapped location.

- v. Relative CCDF providers.

Describe

**2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.**

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

- i. Quality rating and improvement system
- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements

vi. School-age standards, where applicable

vii. Other.

Describe

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

i. Licensed CCDF providers.

Describe the quality information:

Accreditation, Head Start, VPK

ii. Licensed non-CCDF providers.

Describe the quality information:

Accreditation, Head Start, VPK

iii. License-exempt center-based CCDF providers.

Describe the quality information:

Accreditation, Head Start, VPK

iv. License-exempt FCC CCDF providers.

Describe the quality information:

Accreditation, Head Start, VPK

v. License-exempt non-CCDF providers.

Describe the quality information:

vi. Relative child care providers.

Describe the quality information:

vii. Other.

Describe

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

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

Certify by responding to the questions below:

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

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

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

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

- Date of inspection

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

Describe how these health and safety violations are prominently displayed:

Noncompliance items are noted on inspection reports with a description of the violation and a deadline for corrective action is established. The public display of a provider's inspection history indicates a red dot next to any inspection that contains violations.

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

Describe:

A deadline for corrective action is established and guidance regarding what action the provider needs to take to come into compliance is noted on the inspection report. A re-inspection is completed to verify that non-compliance items are corrected.

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

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

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

<https://cares.myflfamilies.com/PublicSearch>

- ii. Describe how the Lead Agency defines timely posting of monitoring reports. Routine and Renewal inspections must be available on the public website within 10 days from the inspection date.

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

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

DEL does not have a formal definition of plain language. However, we follow the guidelines for plain language outlined by the federal government at

<https://www.plainlanguage.gov/>.

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

DCF ensures all writing does not exceed an eighth grade reading level per the *Flesch-Kincaid Grade Level Readability Statistics*, as well as ensure all information posted to our website is ADA compliant. DEL receives parent feedback through the local ELCs that are charged with dissemination of materials. The DCF CFOP5-2, May 2008, the "Plain Language" Initiative is required by Governor's Executive Order 07-01; the Plain Language Initiative is a directive for State Agencies to communicate in a way that helps readers understand material the first time they read it, so that readers can find needed information, understand the information, and use the information to meet their needs. The DCF includes contact information on their website for parents and public to contact them with any questions or feedback.

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

Based on DCF's policy, inspections are reviewed and approved by licensing supervisor prior to publication on the public website; the supervisor may return inspection for correction to licensing staff. This process is the same for license exempt SR providers that receive health and safety inspections.

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

-- filing the appeal

-- conducting the investigation

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

An inspection report is reviewed with the child care provider prior to leaving the program. If the provider disagrees with a finding, the provider has the ability to notate the concerns under "Owner/Director/Staff Responsible Comments" section within the inspection report. The provider may contact the licensing supervisor to dispute. If enforcement action is taken based on a citation in an inspection report, the provider has the ability to request a hearing in accordance with Chapter 120, F.S. to dispute DCF's action.

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

DCF's Provider Search Page provides a three-year history of each provider's inspections history, if applicable. Inspections beyond the three year time period are not visible for public view.

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

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

a. Certify by providing:

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

Providers are required to report to the local licensing entity. The local licensing entity reports death or serious injury to program office at the beginning of each month. This process is the same for license-exempt SR providers that receive health and safety inspections.

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

DCF definition of "verified" is equivalent to "substantiated." "Verified" is used when a preponderance of the credible evidence results in a determination the specific harm or threat of harm was the result of abuse, abandonment or neglect.

iii. The definition of "serious injury" used by the Lead Agency for this requirement. "Serious Injury" is any injury/incident resulting in death or serious physical or emotional harm to a child that prudently calls for medical attention, including medication errors that present a risk of ineffectiveness or adverse reaction.

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

- i. the total number of serious injuries of children in care by provider category/licensing status
- ii. the total number of deaths of children in care by provider category/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/licensing status

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

<http://www.myflfamilies.com/service-programs/child-care/brochures-facts-progress.shtml>

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

DCF's child care website serves as the primary consumer education website for the State of Florida. Their webpage links to DEL's webpage where local CCR&R contact information for each of the ELCs is made available. Additionally, DCF's webpage links to a map directory of ELCs hosted on DEL's webpage that links parents and families directly with their local ELC for CCR&R services. <https://www.myflfamilies.com/service-programs/child-care/choosing-a-daycare.shtml>.



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

DCF's webpage for child care licensing contacts includes a map highlighting the local licensing regions as well as hyperlinks to each region's staff and their contact information. DCF's website offers links to pages regarding consumer education materials, such as brochures, fact sheets and reports for parents to reference. DCF's child care licensing webpage also links to DEL's webpage where local CCR&R contact information for each of the ELCs is made available. Additionally, DCF's webpage links to a map directory of ELCs hosted on DEL's web page that links parents and families directly with their local ELC for CCR&R services. <https://www.myflfamilies.com/service-programs/child-care/choosing-a-daycare.shtml>

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

<http://www.floridaearlylearning.com/>

## 2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

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

The DEL, in accordance with CCDF requirements, requires that each ELC's CCR&R provide families information about the following: Availability of child care services that meet the specific needs of the family; SR Program's financial assistance for child care; Quality indicators for different types of child care programs; Voluntary Prekindergarten Program for all 4 year olds living in Florida; Access to child care providers' licensing status, required health and safety standards, recent inspection reports and history of violations, as applicable; Voluntary quality standards met by child care providers, such as accreditation, Gold Seal, program assessment, child assessment, or participation in local quality initiatives; How to submit a complaint through the child care licensing agency; Contact information for the state and local child care provider licensing agencies. Each CCR&R is required to maintain a current directory of community resources in accordance with Rule 6M-9.300 F.A.C. The required information is available to families and the public through DEL's website, the ELCs' website, email, phone calls or in person. The state rule requires each CCR&R organization to maintain a website and at least one other form of outreach and awareness within its service area that describes the CCR&R program and child care services offered. The home page of the website for the ELC and the contracted CCR&R organizations, if applicable, clearly displays CCR&R and family services contact information, as well as provider services contact information, including phone numbers, hours of operation and a brief description of services available for families and providers.

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

a. Temporary Assistance for Needy Families program:

The Temporary Assistance for Needy Families (TANF) block grant provides federal funding for a wide range of benefits and activities. It is best known as the major source of funding for cash assistance for needy families with children, with federal requirements about work and time limits for families receiving assistance. Federal law also permits other benefits and services to be provided to low-income families with children or other activities supporting program goals of reducing out-of-wedlock pregnancies and promoting two-parent families. The purpose of the funding is to provide assistance to needy families with children so that they can live in their own home or the homes of relatives; end the dependency of needy parents on government benefits through work, job preparation, and marriage; reduce the incidence of out-of-wedlock pregnancies; and promote the formation and maintenance of two-parent families. DCF publishes a TANF state plan that details program information and participant eligibility requirements as well as make information available on their website. Families may apply for assistance at <http://www.myflorida.com/accessflorida/>, by calling DCF's statewide call center at 1-850-300-4DCF (4323) or by contacting the local Children and Families ACCESS Service Center or local Community ACCESS partner site. When establishing an account on the DCF ACCESS Florida website, families may choose English, Espanol or Kreyòl. DCF ACCESS Florida website includes an "Am I Eligible" link that encompasses a 15 minute questionnaire to determine if the family may be eligible for food, medical or cash assistance. Link: <https://dcf-access.dcf.state.fl.us/access/scrflaiewelcome.do?performAction=init&showMensaje=true> If the CCR&R or HMG specialists determine the family may need, request, or be eligible for these services, families may be referred to the DCF website to apply.

b. **Head Start and Early Head Start programs:**

Early Head Start provides early, continuous, intensive and comprehensive child development and family support services on a year-round basis to low-income families. The purpose of the Early Head Start program is to enhance children's physical, social, emotional, and intellectual development; to support parents' efforts to fulfill their parental roles; and to help parents move toward self-sufficiency. The program serves pregnant women and children birth to age three. Head Start provides comprehensive, developmental services for low-income preschool children ages three to five and social services for their families. The purpose of the Head Start program is to promote school readiness by enhancing the social and cognitive development of children through the provision of health, educational, nutritional, social and other services. The DEL and the ELC's encourage families to participate in the Head Start programs by including the resource on websites, community resource guides and when providing CCR&R services to families. DEL and the ELC websites includes a link to the Florida Head Start State Collaboration Office to learn more about the program benefits and eligibility requirements. Families may be referred to the Head Start to apply for these services when contacting CCR&R or Help Me Grow and the specialists determines the family may need, request, or be eligible for these services.

c. **Low Income Home Energy Assistance Program (LIHEAP):**

Florida's Low-Income Home Energy Assistance Program (LIHEAP) is administered by the Department of Economic Opportunity (DEO) and provides grants to local governments and non-profit agencies to assist eligible low-income Florida households in meeting the costs of home heating and cooling. The majority of the funds are used for utility payment assistance. LIHEAP assists customers with paying their home energy expenses. The program has three categories of assistance: home energy assistance, crisis assistance, and weather-related or supply shortage energy crisis assistance. Each category has unique requirements. Depending on the availability of funds, recipients may apply for assistance up to three times a year, but not every month. Eligibility requirements are made available on the DEO's website. Families may be referred to apply for these services when contacting CCR&R or Help Me Grow and the specialists determine the family may need, request, or be eligible for these services. Families may apply for assistance through the online application, by calling the local LIHEAP provider or by making an appointment. The local agencies

associated with the families county of residence reviews the required documents for eligibility determination within 15 days of receipt and makes payments directly to energy companies on behalf of the family. Phone numbers are made available for each local agency to address additional needs a family may have when accessing the application or how to submit required documentation.

<https://www.floridajobs.org/community-planning-and-development/community-services/low-income-home-energy-assistance-program>

**d. Supplemental Nutrition Assistance Programs (SNAP) Program:**

Through DCF's Food Assistance Program, low-income families are able to buy healthy food. A food assistance household is normally a group of people who live together and buy food and cook meals together. If the household passes the Food Assistance Program's eligibility rules, the amount of food assistance benefits depends on the number of people in the household and how much money is left after certain expenses are subtracted. The DCF's website includes the eligibility requirements in English, Español and Kreyòl as well as foods permitted for purchase. Families may apply for assistance at <http://www.myflorida.com/accessflorida/>, by calling DCF's statewide call center at 1-850-300-4DCF (4323) or by contacting the local Children and Families ACCESS Service Center or local Community ACCESS partner site. Families may access the Self-Service Portal, which is available 24 hours a day, seven days a week to see status of case. Additionally, DCF's virtual assistant stands ready to assist clients by providing case information and answering benefit questions. In addition to around the clock access to the families case, they can also submit requested verification to the department using the document upload feature. Families may be referred to the DCF website to apply for these services when contacting CCR&R or Help Me Grow and the specialists determine the family may need, request, or be eligible for these services.

**e. Women, Infants, and Children Program (WIC) program:**

The Florida Department of Health (DOH) administers the WIC program that provides at no cost healthy foods, nutrition education and counseling, breastfeeding support and referrals for health care and community services to women, infants and children under age 5. DOHs' website includes the eligibility requirements, income guidelines as well as a link to the WIC prescreening Tool available on the United States Department

of Agriculture (USDA). The DOH website lists availability of WIC within the 67 counties and application information in English, Español and Kreyòl. Parents can access the WIC Prescreening Tool that is also available in multiple languages. After families contact the local WIC office at 1-800-342-3556, an appointment is scheduled to determine eligibility and review household income and the medical/nutritional status of each applicant. Florida WIC clients use a WIC EBT card to purchase WIC approved foods at authorized WIC grocery stores. Families may be referred to the DOH website to apply for these services when contacting CCR&R or Help Me Grow and the specialists determine the family may need, request, or be eligible for these services.

**f. Child and Adult Care Food Program(CACFP):**

Adult Care Food Program is a component of USDA's Child and Adult Care Food Program. The goal of this program is to support the provision of nutritious meals and/or snacks served to community-based adults attending adult day care centers. Centers eligible to participate in ACFP include private non-profit and certain for-profit centers, as well as some publicly funded centers. To be eligible, for-profit centers ensure that at least 25 percent of their participants receive Title XIX funding. All centers must provide services to adults age 60 or older, or to adults age 18 or older with a functional disability. Centers must provide structured, comprehensive services for more than four hours per day but less than 24 hours per day. Adult day care and adult psychosocial centers, and some in-facility respite centers, are eligible to participate. The Department of Elder affairs provides eligibility requirements and consumer education about the program on their website. The Child Care Food Program provides reimbursement for nutritious meals and snacks served to children in child care settings. This program is funded by the USDA and is administered in Florida by the Department of Health, Bureau of Child Care Food Programs. The food program relies on the DCF's determination of licensure and inspection reports to confirm a child care program's compliance with basic food safety standards. In partnership with DOH, DCF investigates complaint allegations relevant to catered food compliance for programs that are receiving federal funding. Families may access DOH's website to view a list of child care center sites and afterschool programs that participates in the Child Care Food.

**g. Medicaid and Children's Health Insurance Program (CHIP):**

The Children's Health Insurance Program (CHIP) provides health coverage to nearly eight million children and families with incomes too high to qualify for Medicaid, but cannot afford private coverage. To be eligible for this benefit program, families must be a resident of Florida and a U.S. Citizen, National, or a Non-Citizen legally admitted into the U.S. In addition to meeting the income guidelines, families must be uninsured (and ineligible for Medicaid) and meet one of the following: 18 years of age and under, pregnant or primary care giver with a child(ren) 18 years and under. Families apply for the benefit through Florida KidCare. Based on the age of the child, household size, and family income, Florida KidCare automatically match each child with their best fit of the four Florida KidCare programs - Medicaid, MediKids, Florida Healthy Kids, or the Children's Medical Services (CMS) Health Plan. Families who do not qualify for free or subsidized coverage may purchase a competitively priced full-pay plan. DEL's website includes Florida KidCare as a resource for families and provides a link to Florida KidCare's website for additional information on the types of health care coverage. The application process is available through ACCESS Florida in English, Español and Kreyòl. Families may be referred to the KidCare to apply for these services when contacting CCR&R or Help Me Grow and the specialists determine the family may need, request, or be eligible for these services.

 **h. Programs carried out under IDEA Part B, Section 619 and Part C:**

All SR children, aged six weeks to kindergarten entry, are screened for healthy development and potential learning delays. Each ELC employs an inclusion specialist responsible for following up with any screening result that indicates a concern and makes appropriate referrals to Early Steps. Both ELCs and CCDF providers communicate regularly with parents. Additionally, the DEL conducts weekly meetings with the Bureau of Exceptional Student Education (BESE) to ensure collaboration between programs. Additionally, through a collaboration with the Children's Forum, the Help Me Grow Florida Program offers a bridge between all young children with suspected special needs in Florida and those served through the DEL and the ELCs. Communities where ELCs and HMG collaborate effectively serve as a model for expansion in areas without such partnerships. For example, the Duval, Flagler and Volusia, Lake, Marion and Northwest Florida ELCs have bridged the gap to ensure follow up is provided by Care Coordinators for concerns identified by the developmental or social-emotional screening and provide education and support to families with specific developmental or behavioral concerns or questions, help families

recognize typical developmental milestones, provide referrals to community-based supports, empower families to overcome barriers to services and follow up to ensure linkages to services are successful. Families are referred to the Part B and C services by when contacting CCR&R or Help Me Grow and the specialists determine the family may need, request, or be eligible for these services.

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

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
  - parents
  - providers
  - the general public
- any partners in providing this information

**Description:**

The ELCs' CCR&R organizations offer information regarding and access to consumer education and community resources to all families applying for or requesting CCR&R services, unless declined by the family. Consumer education includes: Information and resources that enable parents to recognize quality indicators and to make informed choices on quality child care; Information on the child care provider types available, whether licensed or license-exempt, such as family child care homes, centers, before or after school programs, public or nonpublic schools, faith-based, and recreational facilities; Child care licensing and inspection requirements for each type of provider; Health and safety requirements, including background screening and disqualifying offenses; Research and



best practices regarding children’s social-emotional, physical and cognitive development, healthy eating, the importance of physical activity, developmentally appropriate practices and meaningful parent and family engagement; State policies and resources regarding the social emotional behavioral health of children; and Information on where parents can receive a developmental screening for their child(ren).

Each CCR&R is required to maintain a current directory of community resources, in accordance with Rule 6M-9.300, F.A.C., DEL offers consumer information on recognizing quality child care programs through printed materials, such as *the Family Guide to Selecting Quality Early Learning Programs*, the *Quality Checklist for Child Care Centers and Preschools*, the *Quality Checklist for Family Child Care Homes* and the *Child Care Compass, Finding Quality Child Care in Florida*.

To help families understand and support their children’s healthy development, DEL publishes a series of age-specific guides, *First Teacher: A Parent’s Guide to Growing and Learning*. These guides are available for families with children birth to 8 months, 8-18 months, 18 -24 months, 2- year-olds, 3-year-olds and 4-year- olds. The *Family Guide to Selecting Quality Early Learning Programs*, *Quality Checklist for Child Care Centers and Preschools*, *Quality Checklist for Family Child Care Homes* and the *First Teacher Guides* are available in Spanish and Haitian-Creole, as well as English, and are also accessible in all 3 languages on DEL’s website.

The ELCs and DEL provides resources and professional development to child care providers on topics that include best practices concerning child development, children’s physical health, healthy eating and physical activity and information about successful parent and family engagement. CCR&R offers Family Engagement Toolkits designed specifically for the ELCs, child care providers and families.

Each ELC must submit an annual Family Engagement Plan to the State CCR&R office. The communications staff at DEL and the ELCs provide resources and post information on their websites and on social media on the importance of family engagement as well as information on child development, social and emotional development of children, healthy eating and recommended physical activities for children and families. They address these topics through the use of family newsletters, online chats and workshops for families and providers. Most of the ELCs participate in community events where they share information with the local

community on health and safety resources, child development, social and emotional development, healthy eating and the importance of physical activity with the local community.

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

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

**Description:**

DEL's focus on social-emotional development includes an understanding of children's development, teacher quality and teacher-child interactions, and strong health and safety standards targeted to reduce or eliminate suspension and expulsion of young children from early care and education programs. With a focus on the *Florida Early Learning and Developmental Standards, Birth through Five*, the DEL has created numerous training opportunities and resources specific to healthy social emotional development, which are available through DEL's website, professional development outlets, and partner services. Provider and teacher quality is measured through the Classroom Assessment Scoring System (CLASS), which helps providers nurture children's early learning while responding to their needs, developing healthy attachments, and fostering a secure and supportive base for learning. Finally, the DEL provides training and guidance for suspension and expulsion policies. SR providers must have an expulsion and suspension policy in writing, must share it with parents, and must ensure all staff comply with the policy.

- Ages and Stages Questionnaire Social Emotional (ASQ-SE) is available to all CCDF children ages six weeks to kindergarten entry. Inclusion specialists at each ELC work with parents and providers to serve and/or refer children who present concerns during the screening process. DEL has added new functionality to the Enhanced Field System – Modification (EFS-Mod) to increase accessibility to the developmental screening tools for families.
- The DEL is developing strong partnerships with Florida State University’s Center for Prevention and Early Intervention Policy, as well as the Florida Association for Infant Mental Health to provide trainings and endorsements related to infant and early childhood mental health.
- The DEL is working closely with the University of South Florida Tampa to train on and implement the Pyramid Model, a framework of evidence-based practices for promoting young children’s healthy social and emotional development.
- The DEL through a partnership with the Children’s Forum, provides a centralized access point for Florida through the statewide 211 system that serves as an effective, single point of access to community resources. Family and community outreach is key to promoting HMG and providing networking opportunities among families and community-based service providers. HMG staff engage families by participating in community meetings, fairs, public events, as well as facilitating sessions that help families learn about child development and other resources and services. The HMG system supports community-based child health care providers by enhancing their developmental promotion and early detection activities. HMG staff conduct targeted outreach to providers through office-based education, trainings, and workshops. This motivates providers to conduct consistent surveillance and screening of young children. Providers also receive access to HMG care coordination, which ensures effective linkage to appropriate programs and services for children and families.
- *Tools for coalitions and providers to use as they develop stronger expulsion/suspension prevention policies and practices* - Provides a list of resources pertaining to national organizations’ suspension and expulsion policies, as well as state, regional, and national trainings on topics to inform policy, including developmentally appropriate practices, social-emotional development, family engagement, trauma-informed classrooms, cultural responsiveness, and implicit biases
- *Sample of Expulsion Policy* - Provides an example from which ELCs and providers may model their own policies.
- *Presentation on Suspension and Expulsion Guidance* - Provides background statistics, overview of importance, and policy statements related to suspension and expulsion

The DEL’s website is the primary source of information dissemination. However, trainings are available through regional facilitators, the Warm Line, and CCR&R specialists. The DEL ensures resources are ADA compliant and, when possible, translated into languages spoken by SR families. Additionally, parent resources are written in a language and level accessible to families. Partners include Teachstone, DCF, the University of Florida’s Laster Center, and the Children’s Forum.

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

The DEL's supports the joint policy statement from the U.S. Departments of Education and Health and Human Services that recommends prevention and limitation of expulsion and suspension practices in all early childhood settings. The joint policy statement emphasizes (1) clear, appropriate and consistent expectations and consequences to address disruptive student behavior, (2) racial, gender and cultural equity applied across all early childhood settings and (3) preschool inclusion practices implemented when a child's misbehavior is related to the child's disability. The full statement may be found at [Expulsion Resources and Guidance](#). The HHS\_ED Joint Policy Statement and the DEL Expulsion Position Statement are offered to support ELCs and their providers as they develop their own suspension and expulsion policies.

As stated in Section 2.4.4, there are multiple resources, tools, guidance, and samples to support the ELCs and providers as they develop their suspension and expulsion policy. Additionally, DEL has contracted with the Florida Center for Interactive Media (FCIM) to develop a five-hour course on the topic for providers, ELCs, and other early childhood educators.

### **2.5 Procedures for Providing Information on Developmental Screenings**

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources

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

### **2.5.1 Certify by describing:**

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

The DEL has expanded the functionality of the statewide information system to provide parents with the opportunity to complete a developmental screening of their child(ren) during the enrollment process for the SR program. Parents are offered a brief description of the purpose of developmental screening and are offered links to resources and information about the benefits of completing a developmental screening on their child(ren). If parents opt out of the screening opportunity during enrollment, the statewide information system provides additional information on the importance of screening and provides the opportunity for the parent to speak with CCR&R staff. The DEL also has implemented an ongoing Developmental Screening Tools Train the Trainer training for ELCs so they can also offer ongoing developmental screening trainings locally for early learning providers. The purpose is to have a system of training and implementation for developmental screening that supports 1. the professional development of ELCs' staff and early learning providers who conduct developmental screenings for children, and 2. Collection of data for assessing the needs of local communities in terms of training and the importance of completing developmental screenings for children. Families may contact the local early learning coalition or Help Me Grow to complete a screening or to receive additional information on the importance of screening. Additionally, families may be directed to the CDC "Learn the Signs. Act Early" materials or milestone checklist on the [www.helpmegrowfl.org](http://www.helpmegrowfl.org) site (<https://www.helpmegrowfl.org/learn-the-signs-act-early/>)

to obtain information and resources on developmental screening. The ELC houses the CCRR services and provides information to families on the importance of screening and will provide referrals to families for screening if needed. Additionally, HMG is located in 32 of the 67 counties and three ELCS have a HMG in house. HMG provides information to any family in Florida with a child birth to age 8 on the importance of screening, provides free developmental screening, online access to screening, participates in community events to provide information to families on importance of developmental screening and in some instance partners to provide children hearing and vision screening and assistance families through coordination of referrals and services. HMG is funded by DEL.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). The DEL's statewide information system offers parents the opportunity to screen their child(ren) at enrollment and re-determination for the SR program. When concerns are identified, the Inclusion Coordinator for each of the 30 ELCs and RCMA connects with any child with identified concerns. The inclusion coordinator will assess and observe the situation in order to establish a course of action and, when necessary, will refer the child to the partner agencies for additional assessments and services.

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

The DEL has expanded the functionality of the statewide information system to provide parents with the opportunity to complete a developmental screening of their child(ren) during the enrollment process for the SR program. Parents are offered a brief description of the purpose of developmental screening and are offered links to resources and information about the benefits of completing a developmental screening of their child(ren). If a parent defers completion of the developmental screening to the early learning provider, an additional opportunity is created for providers to communicate with parents about the importance of developmental screening. Once the developmental screening is completed, either by the parent or provider, the ELC sends supplemental

information and activities for parents to assist in understanding the developmental stage of their child(ren).

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

The ELCs have implemented a warm line for parents and early learning providers for accessing resources and services within their communities. The Inclusion Coordinator, for each of the ELCs, personally contacts the parents and providers and offers to evaluate the needs through:

1. Concern identification. The inclusion coordinator identifies areas of concern. Examples include but are not limited to observations in the early learning program, parent and provider interviews and additional screening or assessment.
2. Concern analysis. The inclusion coordinator develops priorities, goals, and an action plan to address the identified concerns. An example includes but is not limited to a documented description of the steps the provider and or family will take to address each concern.
3. Intervention implementation. The inclusion coordinator implements interventions practices when there are areas of concern. Examples include but are not limited to coaching for the provider on making program accommodations and providing parent and teacher education.
4. Plan evaluation. The inclusion coordinator follows up to assess the intervention services provided. Examples include but are limited to, a review of the action steps to determine if revision to the analysis is necessary, sufficient gains are made or if a referral to early intervention services or specialized care is needed.
5. Referrals to early intervention services or specialized care.

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

The DEL has implemented an ongoing *Developmental Screening Tools Train the Trainer* trainings for ELCs so they can also offer ongoing developmental screening trainings locally for early learning providers. The purpose is to have a system of training and implementation of the developmental screening program that supports 1. The professional development of ELCs' staff and early learning providers who conduct developmental screenings for children, and 2. Collection of data for assessing the needs

of local communities in terms of training and the importance of completing developmental screenings for children.

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

Rule 6M-4.720, FAC - Screening of Children in the SR Program.

## 2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

### **2.6.1 Certify by describing:**

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

The consumer statement is made available to families approved for CCDF funding in DEL's statewide information system, Family Portal. The statement informs families of the federal funding designed to provide equal access to a range of high quality providers, consumer education and training opportunities for CCDF providers to enhance the quality of their child care programs. The statement also encourages families to contact the local ELCs for CCR&R services that includes community resources, child care listings and consumer education to assist in selecting a high quality provider.

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



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

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

The consumer statement is available in DEL's statewide information system includes the eight federal requirements. The statement informs families of the federal funding designed to provide equal access to a range of high quality providers, consumer education and training opportunities for CCDF providers to enhance the quality of their child care programs. The statement also encourages families to contact the local ELCs for CCR&R services that includes community resources, child care listings and consumer education to assist in selecting a high quality provider.

### 3. Provide Stable Child Care Financial Assistance to Families

#### 3. Provide Stable Child Care Financial Assistance to Families

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

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

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

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

## 3.1 Eligible Children and Families

### 3.1 Eligible Children and Families

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

#### **3.1.1 Eligibility criteria: Age of children served**

a) The CCDF program serves children

from birth

(weeks/months/years)

through 12

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

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

No

Yes,

and the upper age is

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity:

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

No.

Yes

and the upper age is

(may not equal or exceed age 19)

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

i. "residing with":

Living with a parent, legal guardian or other adult relative caretaker in the same home.

ii. "in loco parentis":

A responsible adult with whom the child lives, who is responsible for the day-to-day care and custody of the child when the child's parent by blood, marriage, adoption or court order is not performing such duties. See Rule 6M-4.200, F.A.C.

### 3.1.2 Eligibility criteria: Reason for care

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

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

Participating in educational or work activities a minimum of 20 hours per week for a single-parent family, 40 hours per week for a two-parent family or a two-parent family in which one of the parents with whom the child resides is exempt from work requirements due to age or disability, as determined and documented by a physician licensed under Florida Statutes, and one parent is employed or engaged in eligible work or education activities at least 20 hours per week, a one or two-parent family in which the parent(s) are exempt from work requirements due to age or disability as determined and documented by a physician licensed under Florida Statutes. Work activities applicable to the Welfare Transition participants could include employment, non-subsidized employment; subsidized private sector employment, on the job training, subsidized public-sector employment, community service work experience, job search, job readiness assistance; or vocational education or training designed to prepare the participant for employment or other prescribed activities as approved by the Welfare Transition Program (WTP). Work activities for non-WTP clients includes employment or educational activities. Some TANF recipients may have work requirements/activities that are not subject to the 20-hour per week minimum. During a state of emergency related to a natural or man-made disaster or health crisis pandemic, the Lead Agency may waive the 20 hour per week minimum requirement for eligibility or redetermination, if the parent can show he or she worked more hours prior to the disaster or health crisis pandemic. This would allow parents who are working less than 20 hours a week to be eligible. The parent would have three months to establish the required 20 hours of required work or school to remain eligible for the authorization period. This policy is not to exceed thirty days beyond the conclusion of the declared state of emergency but the state may choose to end this practice earlier.

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

Attendance in a job training or education program for transitional TANF clients who receive CCDF-funded child care. This requirement is monitored by the Florida Department of Economic Opportunity through regional Workforce Development Boards or their contracted providers.

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

Single parent families may also qualify for child care assistance if they are in school and training the equivalent of 20 hours or more per week or a combined total of at least 40 hours per week for a two-parent family. Educational activities are defined by Rule 6M-4.208(f)(4), F.A.C., as GED programs, secondary education programs, technical or vocational programs, Associate of Arts, Associate of Science, Bachelor of Arts, and Bachelor of Science programs. An official of the school or institution must complete documentation showing the applicable number of classroom hours, any lab hours, the date the semester/training period starts and the date it ends.

Documentation also includes an official school schedule and proof of enrollment. Online courses are an allowable form of education or training activities as long as appropriate documentation is submitted.

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

The hours of child care needed depend on the parent's attendance in education/training activities. Consideration is given to the parent's hours of education/training and reasonable travel time. Education/training hours include class time, lab time and study time.

### 3.1.2 Eligibility criteria: Reason for care

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

Yes

No,

If no, describe the additional work requirements.

### 3.1.2 Eligibility criteria: Reason for care

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

No.

Yes. If yes:

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

For the purposes of eligibility, protective services participants are defined as "at-risk" in s. 1002.81(1), F.S. "At-risk child" means:

- A child from a family under investigation by DCF or a designated sheriff's office for child abuse, neglect, abandonment or exploitation.
- A child who is in a diversion program provided by DCF or its contracted provider and who is from a family that is actively participating and complying in DCF-prescribed activities, including education, health services or work.
- A child from a family that is under supervision by DCF or a contracted service provider for abuse, neglect, abandonment or exploitation.
- A child placed in court-ordered, long-term custody or under the guardianship of a relative or nonrelative after termination of supervision by DCF or its contracted provider.
- A child in the custody of a parent who is considered a victim of domestic violence and is receiving services through a certified domestic violence center.
- A child in the custody of a parent who is considered homeless as verified by a DCF certified lead agency.
- A child who has special needs, has been determined eligible as a student with a disability, has a current individual education plan with a Florida school district, and is not younger than 3 years of age and has not entered kindergarten is also defined as in need of "protective services" as identified as a vulnerable population.
- A child who is displaced during a state of emergency due to an officially recognized natural or man-made disaster is also defined as in need of "protective services" and identified as a vulnerable population.
- A child who is in the care of an essential worker as defined by the state, during a state of emergency due to an officially recognized natural or man-made disaster, or health crisis pandemic is also defined as in need of protective services and identified as a vulnerable population. This is not to exceed thirty days beyond the conclusion of the declared state of emergency but the state

may choose to end this practice earlier.

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

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

- No  
 Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

- No  
 Yes

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

- No  
 Yes

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

- No  
 Yes

### 3.1.3 Eligibility criteria: Family Income Limits

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

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

"Family income" means the combined gross income, whether earned or unearned, that is derived from any source by all family or household members who are 18 years of age or older who are currently residing together in the same dwelling unit. The term does not include income earned by a currently enrolled high school student who, since attaining the age of 18 years, or a student with a disability who, since attaining the age of 22 years, has not terminated school enrollment or received a high school diploma, high school equivalency diploma, special diploma or certificate of high school completion. See s. 1002.81(8), F.S. Income does not include income earned by a teen parent residing in the same residence as a separate family, nor does income include food stamps, adoption subsidies, foster care payments, documented child support and alimony payments paid out of the home, federal nutrition programs, federal tax credits, state/territory tax credits, housing allotments, LIHEAP or energy assistance, military housing or other allotment/bonuses, federal housing assistance payments issued directly to a landlord or the associated utilities expense, scholarships, education loans, grants, income from work study, disaster relief or other forms of temporary assistance of families in a natural disaster areas, income of foster parents and court ordered relative and non-relative caregivers, independent living grant, lump sum settlement, money borrowed with an established repayment plan, one time only gifts, sale of personal assets, VISTA payments, Supplemental Security Income (excluded for children only).

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

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85%	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI



	(i)	(ii)	(iii)	(iv)
			of Current SMI	
1	\$3192	\$2714	\$2127	67%
2	\$4175	\$3549	\$2873	69%
3	\$5157	\$4384	\$3620	70%
4	\$6139	\$5218	\$4367	71%
5	\$7122	\$6053	\$5113	72%

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

n/a

d. SMI source and year. LIHEAP IM 2020-02 State Median Income Estimates

*Reminder:* Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

[https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm\\_medium=rss](https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss).

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

Miami - Dade

f. What is the effective date for these eligibility limits reported in 3.1.3 b? July 1, 2020

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

<http://www.floridaearlylearning.com/Content/Uploads/floridaearlylearning.com/files/2021%20SlidingFeeScaleModel%2021-22%20Final%20ADA%20Revised.pdf>

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

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

Families certify that assets do not exceed \$1,000,000 by signing the *School Readiness Application*.

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

No.

Yes.

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

**3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:**

a. eligibility determination.

N/A

b. eligibility redetermination.

N/A

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

a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules

b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)

- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors;
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- i. Other.  
Describe:

### 3.1.7 Fluctuation in earnings.

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

- Average the family's earnings over a period of time (i.e. 12 months).
- Request earning statements that are most representative of the family's monthly income.
- Deduct temporary or irregular increases in wages from the family's standard income level.
- Other.

Describe:

For families that have irregular earnings (fluctuations) due to seasonal or other types of work schedules such as retail employment during the holidays or tourism in the summer, the ELC or contracted designee must:

- Calculate the average income for the previous 12 months. The average must reflect income changes that occur during the eligibility period, including situations in which a family had monthly income above 85 percent of the State Median Income (SMI), as noticed by the Administration for Children and Families in the [Federal Register on August 23, 2016](#), for part of the year and lower income in other months.

For instances where a family, upon redetermination, may not have 12 months of paystubs, use an employer verification statement that affirms the average annual income

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

Applicant identity.

Required at Initial Determination

Required at Redetermination

Describe:

The applicant must meet the definition of a parent consistent with regulatory requirements. Rule 6M-4.208(d), F.A.C., requires an applicant to submit a government issued ID in conjunction with one of the documents referenced below for purposes of establishing a relationship to the child. Federal guidelines stipulate case confidentiality, which is also defined in s. 1002.97, F.S. By speaking only to a household member with an established relationship to the child, the caseworker ensures that case confidentiality is maintained.

Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

Describe:

Each applicant must meet the definition of parent. After the applicant has established his or her identity by providing acceptable documentation, the applicant must submit one of the following documents to establish parental relationship: 1. A copy of the child's birth certificate, which includes the parent's name or maiden name, if applicable. 2. A court order or other legal documentation that substantiates the adult's

relationship to the child(ren). 3. A valid DCF or Workforce Child Care Authorization Form that bears the name of the child and the parent. 4. Documentation the applicant is in receipt of relative caregiver payment or TANF benefits on behalf of the child. 5. An affidavit sworn to or affirmed by the child's parent. 6. Official public or non-public school records. 7. An affidavit from a medical professional.

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

Required at Initial Determination

Required at Redetermination

Describe:

Age of the child

- U.S birth certificate.
- An original or certified copy of the child's U.S. birth record filed according to law with the appropriate public officer.
- U.S. passport.
- Lawfully admitted alien document (e.g. Forms I-94, I-94A, I-197, I-551 & I-766) with non-U.S. passport.
- Certificate of U.S. citizenship or naturalization.
- For children identified in s. 1002.87(1)(a), (1)(d) and (1)(g), F.S., the child's status as a TANF recipient, as indicated on a child care authorization submitted by the referring agency, is sufficient to establish the child's citizenship.

For children identified in s. 1002.87(1)(b) and (1)(e), F.S., the Medicaid- eligible status, as indicated on a child care authorization submitted by the referring agency, is sufficient to establish the child's citizenship.

Work.

Required at Initial Determination

Required at Redetermination

Describe:

Employment income: Applicants are asked to submit four weeks of current and consecutive paystubs. If an applicant cannot produce a sufficient number of paystubs, the applicant's employer is asked to complete an income verification form that details hours worked per week and rate of pay. If the applicant produces neither of the above, then the eligibility specialist contacts the applicant's employer directly. Self-employment income documentation: The most commonly accepted form of

documentation is IRS Tax Schedule C from the most recent year if reflective of current earnings. The income from Schedule C (corporate documents, if incorporated) should be used and averaged over the number of months of employment. If not reflective of current earnings for the household, older than six months or applicant/recipient has not been self-employed long enough to have filed income tax, then a profit/loss statement is requested from the household. If questionable, additional receipt and expense documentation is requested.

Job training or educational program.

Required at Initial Determination

Required at Redetermination

Describe:

For applicants who are involved in a job-training program, a TANF child care referral serves as verification. If the gross income of the applicant is not notated on the child care referral, the applicant must submit four weeks of current paystubs to the ELC. School registration records: For Educational Programs, a current document completed by an official of the school or institution showing the number of classroom hours and any lab hours, date the semester/training period starts, and the date it ends on appropriate stationery from the school/institution or training program, which may contain an official seal. This includes an official school schedule and proof of enrollment from an accredited education institution.

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

ELCs can use the following documents to verify income:

- o Four weeks of current and consecutive pay stubs, using gross income (before any deductions, including pretax deductions). When paid biweekly or semi-monthly, two current and consecutive pay periods are requested. For monthly pay periods, one month's pay period is requested.
- o An income verification form signed by the employer, dated within four weeks of applying for services. Hours worked times rate of pay is then used to calculate earnings.

o A signed contract for employment that has a termination date not less than nine months from applying for services.

o If none of the above sources are available, direct contact is made with the employer to discuss the applicant's employment income, which is used to arrive at an income projection that is representative of future earnings. Also recorded is any information provided by the employer, such as projected hours of employment, amount per hour, date the employee started and date of the first received pay.

Child support enforcement records: DEL prefers verification from child support enforcement or a clerk of the court website showing gross amount paid to the household on behalf of the child and the period over which it is paid.

Alternatively, a written statement from the absent parent stating the amount(s) the absent parent paid over the last four weeks, including the dates payments were made.

Copies of checks or canceled checks can accompany written statements or be submitted in lieu of written documents.

A court order can be used if it was recently issued. However, if the court order has been established for a period of time, and the custodial parent states that the court order does not reflect current payments, then proof is requested of the last four weeks (one month if paid monthly) of payment and the income is averaged.

If, for any reason, the first two sources are not available, an attestation from the parent stating the amount of child support received or not received under the penalty of perjury is acceptable.

Other sources of unearned income: An award letter or verification statement may be used to document other sources of unearned income.

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

The family unit composition is determined by the application for SR and an acknowledgement of income and family size, which may be recorded on the statewide income worksheet or a locally developed income worksheet that includes at least the information included on the statewide income worksheet. Documentation may also include a supplemental form that describes additional family members and relationships.

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

ELCs can use the following documents to verify residence:

- Utility bill (electric, gas, water), cable, internet or home phone bill dated within 12 months of the date the child application is submitted
- Pay stub from a current employer dated within 12 months of the date the child application is submitted
- Current and signed residential rental agreement or receipt from rental payment dated within 12 months of the date the child application is submitted
- Government-issued document (e.g., Florida driver's license, Florida identification card, property tax assessment showing a homestead exemption), or
- Military order showing that the child's parent is a service member in the United States Armed Forces and is assigned to duty and resides in Florida when the child attends the SR program (e.g., permanent change of station)
- For children identified in s.1002.87, F.S., the child's status as a TANF recipient, as indicated on a child care authorization submitted by the referring agency, is sufficient to establish the child's residency
- For children identified in s.1002.87(1)(b) and (1)(e), F.S., the child's Medicaid-eligible status, as indicated on a child care authorization submitted by the referring agency, is sufficient to establish the child's residency
- If no supporting documents listed above are available, an ELC may accept a notarized statement provided by the child's parent and a letter from a landlord or property owner, which confirms that the child resides at the address shown in the notarized statement.

If no supporting documents listed above are available, for a homeless child as defined in s.1003.01, F.S., an ELC shall document residency based on other supporting documents showing that the child is homeless and resides in Florida (e.g., letter from a shelter or a notarized statement provided by the child's parent).

Other.

Required at Initial Determination

Required at Redetermination

Describe:

If an executive order is issued by the Governor of Florida, families who have been displaced or economically impacted during a state of emergency due to an officially recognized natural, man-made or health crisis pandemic will be given an extension (up to thirty days) to submit required documentation necessary to validate/verify



eligibility. The additional time to submit documentation will not exceed thirty days beyond the conclusion of the declared state of emergency but the state may choose to end this practice earlier.

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

Time limit for making eligibility determinations

Describe length of time:

There is a ten-day time limit for processing TANF and at-risk child care referrals. For working families, eligibility determinations will be made within 10 calendar days of the date of the application ( *DEL Grant Agreement*; [Rule 6M-4.208, F.A.C.](#)).

Track and monitor the eligibility determination process

Other.

Describe:

None

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

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

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

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

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

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

a. Identify the TANF agency that established these criteria or definitions: Florida Department of Economic Opportunity

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

i. "Appropriate child care":

An eligible child care provider as defined in 45 CFR §98.20 and s. 1002.88, F.S., Child care options must have hours of operation that meets the needs of the parents work schedule and meet any special needs of the individual child.

ii. "Reasonable distance":

Reasonable distance depends on the geographic area and availability of public transportation. Program staff discusses and determines mileage and/or time needed for travel to and from the job site with the participant.

iii. "Unsuitability of informal child care":

Informal child care is suitable only to the extent such care is provided within the constraints of applicable federal and state laws, regulations, and requirements.

iv. "Affordable child care arrangements":

Annually, the CCR&R Network surveys all legally operating child care providers to obtain program and rate information. Biennially, DEL uses the rate information to determine the prevailing market rate by age category and provider type at the county-level. ELCs use the prevailing market rate to set the maximum reimbursement rates for their service area, as approved by DEL.

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:

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

*State Plan for Temporary Assistance for Needy Families, Sections 3.4, 3.7, and Section 414.065(1), F.S.*

## 3.2 Family Contribution to Payments

### 3.2 Family Contribution to Payments

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

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

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

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

	(a)	(b)	(c)	(d)	(e)	(f)
<b>Family Size</b>	<b>Lowest initial or First Tier Income Level where family is first charged co-pay (greater</b>	<b>What is the monthly co-payment for a family of this size based on the income level in (a)?</b>	<b>What percentage of income is this co-payment in (b)?</b>	<b>Highest initial or First Tier Income Level before a family is no longer eligible.</b>	<b>What is the monthly co-payment for a family of this size based on the income level in (d)?</b>	<b>What percentage of income is this co-payment in (d)?</b>
1	1610.00	104.00	6%	2147.00	242.67	11%
2	2178.00	104.00	5%	2903.00	242.67	8%
3	2745.00	104.00	4%	3660.00	242.67	7%
4	3313.00	104.00	3%	4417.00	242.67	5%
5	3880.00	104.00	3%	5173.00	242.67	5%

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

i. N/A. Sliding fee scale is statewide

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

Miami-Dade County

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

The DEL requires all 30 ELCs and RCMA to develop sliding fee scales based on the most current release of the *Federal Poverty Guidelines* and SMI. This information is provided in each ELC's and RCMA's *School Readiness (SR) Plan* and subject to DEL approval. Most, but not all ELCs allow for a discounted fee for two or more children.

c. What is the effective date of the sliding-fee scale(s)? July 1, 2021

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

[https://www.elcmdm.org/Content/Uploads/elcmdm.org/files/eligibility/SlidingFeeScaleModel\\_2021-22%20ELCMDM%20\(Miami-Dade\)%20\(002\).pdf](https://www.elcmdm.org/Content/Uploads/elcmdm.org/files/eligibility/SlidingFeeScaleModel_2021-22%20ELCMDM%20(Miami-Dade)%20(002).pdf)

### 3.2.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply under a. or b.

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

Describe:

The DEL requires ELCs and RCMA to develop sliding fee scales based on the most current release of the *Federal Poverty Guidelines* and SMI . This information is provided in each ELC's and RCMA's *School Readiness (SR) Plan* and subject to DEL approval. Most, but not all ELCs allow for a discounted fee for two or more children.

- vii. Other.

Describe:

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

Describe:

vii. Other.

Describe:

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

No.

Yes, check and describe those additional factors below.

a. Number of hours the child is in care.

Describe:

If a child is authorized for part-time care, the parent shall be assessed a part-time co-payment. If a child is authorized for full-time care, the parent shall be assessed a full-time co-payment.

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

Describe:

c. Other.

Describe:

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

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

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

Describe the policy and provide the policy citation.

A ELC may, on a case-by-case basis, waive the copayment for an at-risk child or temporarily waive the copayment for a child whose family's income is at or below the federal poverty level and whose family experiences a natural disaster or an event that limits the parent's ability to pay, such as incarceration, placement in residential treatment, or becoming homeless, or an emergency situation such as a household fire or burglary, or while the parent is participating in parenting classes. See s. 1002.84(9), F.S.

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

Describe the policy and provide the policy citation.

A co-payment may be waived on a case-by-case basis for families participating in an at-risk program as defined in s.1002.81(1), F.S. and [Rule 6M-4.400, F.A.C.](#)

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

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

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

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

tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

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

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

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

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

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



checked, skip to subsection 3.3)

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

A. Describe the policies and procedures.

Upon redetermination, after 12 months, and if the family income is above 150%FPL (entry level) and below 85% SMI, the parent begins to phase-out of the SR Program. During this graduated phase-out, a copayment may be increased in increments up to 85% SMI, when the family is no longer eligible. Incremental increases promote and support stability.

B. Provide the citation for this policy or procedure.

[Rule 6M-4.400, F.A.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.

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

B. Describe how the second eligibility threshold:

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

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

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

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

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

No

Yes

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

As the family's income increases, the co-payment shall gradually increase based on approved sliding fee scale.

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

No.

Yes.

Describe:

During graduated phase-out, the family shall report any changes in family size or income to the ELC within ten calendar days.

### 3.3 Increasing Access for Vulnerable Children and Families

#### 3.3 Increasing Access for Vulnerable Children and Families

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

Note:

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

### 3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

A child who has been determined eligible as a child with a disability in accordance with Chapter 6A-6, F.A.C., and is participating in a program for children with disabilities provided by the school district or a child who has an individualized educational plan (IEP) or family support plan (FSP) in accordance with Rule 6M-4.200(1)(i) and s. 1002.87(1)(c)6, F.S.

b) "Families with very low incomes":

Pursuant to s. 1002.81(7), F.S., the term "economically disadvantaged" means having a family income that does not exceed 150 percent of the federal poverty level and includes being a child of a working migratory family as defined by 34 C.F.R. Part 200.81(d) or (f) or an agricultural worker who is employed by more than one agricultural employer during the course of a year, and whose income varies according to weather conditions and market stability.

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

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

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

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

- Prioritize for enrollment in child care services
- Serve without placing on waiting list

- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

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

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

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

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

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

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

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

Children defined as at-risk are prioritized for enrollment.

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

In accordance with s. 1002.87(c), F.S., priority shall also be given to at-risk-children. Section 1002.81(1), F.S., defines an at-risk child as, (a) a child from a family under investigation by DCF or a designated sheriff's office for child abuse, neglect, abandonment, or exploitation, (b) a child who is in a diversion program provided by DCF or its contracted provider and who is from a family that is actively participating and complying in DCF-prescribed activities, including education, health services, or work, (c) a child from a family that is under supervision by the DCF or a contracted service provider for abuse, neglect, abandonment, or exploitation, (d) a child placed in court-ordered, long-term custody or under the guardianship of a relative or nonrelative after termination of supervision by the DCF or its contracted provider, (e) a child in the custody of a parent who is considered a victim of domestic violence and is receiving services through a certified domestic violence center, (f) a child in the custody of a parent who is considered homeless as verified by a DCF certified homeless shelter.

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

Children defined as at-risk are prioritized for enrollment.

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

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

Notwithstanding their inability to provide full documentation at the initial eligibility determination, an ELC shall permit enrollment after initial eligibility determination to children experiencing homelessness as verified by a DCF certified homeless shelter ([Rule 6M-4.208\(2\), F.A.C.](#)).

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

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

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

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

Note:

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

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

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

To improve access to child care for homeless families, the definition of "at-risk child" includes a child in the custody of a parent considered homeless as verified by DCF designated lead agency on homelessness (s. 1002.81(1)(f), F.S.) and those receiving services through domestic violence shelters. Immunization records are not collected by the SR agency 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, physical development and other health requirements. Parents have a 30-day grace period to submit immunization records to the child care provider as directed by DCF in consultation with DOH. School-aged children attending public or non-public schools are not required to have student health examination and immunization records on file at the child care facility as such records are on file at the school where the child is enrolled.

**Provide the citation for this policy and procedure.**

Rule(s) 65C-22.001 and 65C-20.001, F.A.C. and s. 1002.81(1)(e), 1002.81(1)(f) and 1002.88, F.S.

**ii. Children who are in foster care.**

To improve access to child care for foster children, the definition of "at-risk child" includes a child placed in court-ordered, long-term custody or under the guardianship of a relative or nonrelative after termination of supervision by DCF or its contracted provider (s. 1002.81(1)(d), F.S.), Immunization records are not collected by the SR agency 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, physical development and other health requirements. Parents have a 30-day grace period to submit immunization records to the child care provider as directed by DCF in consultation with DOH. School-aged children attending public or non-public schools are not required to have student health examination and immunization records on file at the child care facility as such records are on file at the school where the child is enrolled.

**Provide the citation for this policy and procedure.**

Chapters 65C-20.001 and 65C-22.001, F.A.C., and s. 1002.88 F.S.

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

To improve access to child care for homeless families, the definition of "at-risk child" includes a child in the custody of a parent considered homeless as verified by DCF designated lead agency on homelessness (s. 1002.81(1)(f), F.S.) and those receiving services through domestic violence shelters. The DCF recognized referring entities authorize the need for child care services for their clients. The referring entity or the family submit the child care authorization (referral) to the applicable ELC to receive child care services. Immunization records are not collected by the SR agency 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, physical development and other health requirements. Parents have a 30-day grace period to submit immunization records to the child care provider. School-aged children attending public or non-public schools are not required to have student health examination and immunization records on file at the child care facility as such records are on file at the school where the child is enrolled.

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

No.

Yes.

Describe:

Immunization records are not collected by the ELCs 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, physical development and other health requirements. Parents have a 30-day grace period to submit immunization records to the child care provider. School-aged children attending public or non-public schools are not required to have student health examination and immunization records on file at the child care facility as such records are on file at the school where the child is enrolled.



## 3.4 Continuity for Working Families

### **3.4.1 Minimum 12-month eligibility.**

#### 3.4.1 Minimum 12-month eligibility.

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

regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI), regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)). The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness, any interruption in work for a seasonal worker who is not working, any student holiday or break for a parent participating in a training or educational program, any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program, any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency, a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1), any changes in residency within the state, territory, or tribal service area

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

Twelve-month authorization period. The coalition shall authorize at-risk, Economically Disadvantaged and Special Needs children for 12-months of child care funding.

1. At-risk. Eligibility is based on a documented child care authorization from the Florida Department of Children and Families (DCF) or its contracted provider, DCF-designated

Lead Homeless Coalition Continuum of Care agency or Certified Domestic Violence Center. "At Risk Child" is defined in Section 1002.81(1), F.S.

(a) Child care authorizations for at-risk and protective services categories shall be valid for the duration determined by the referring entity.

(b) A child may continue to maintain eligibility under the at-risk or protective services categories as long as there is a current and valid child care authorization. Each time a child care authorization is renewed during the 12-month authorization of child care funding, child care services will continue in increments defined by the referring agency. If an additional referral is granted to the parent that extends the purpose for care beyond the initial 12-month authorization period, the coalition shall authorize the parent for an additional 12-month authorization period.

2. Economically disadvantaged. To be eligible under this category the family must meet the following requirements -

(a) Family Income. The family's income, as defined in Section 1002.81(8), F.S., must be at or below 150 percent of the Federal Poverty Level (FPL) for initial eligibility and 85 percent State Median Income (SMI) for continued eligibility. If 85 percent of the State Median Income (SMI) is less than 150 percent of the FPL, then 85 percent of the SMI is the income threshold for entry into the school readiness program.

(b) Assets. A family shall not have assets that exceed one million dollars (as certified by the family member applying for services). This applies to all children funded with Child Care Development Block Grant funds.

(c) Working Family. The family must also meet the definition of "Working Family" as defined by Section 1002.81, F.S.

3. Special needs. To be eligible under this category, a child must be age three to kindergarten admission and have documentation of an individual education plan from the local school district. [Rule 6M-4.200(2)(b), F.A.C.] Redetermination. All redetermining eligible At-risk, Economically Disadvantaged and Special Needs children will be authorized for 12-months of child care.

(a) Family Income. The family's income must remain at or below 85 percent of the State Median Income (SMI) as the upper level of the program subsidy support to be eligible for a subsequent authorization.

(b) All redetermining clients are subject to the graduated phase-out requirements defined by subsection 6M-4.400(3), F.A.C. if the family unit income increases to above 150% FPL and remains at or below 85% SMI.

(c) Parents and providers must be notified if, as a result of any redetermination, a child is

determined ineligible for the program within two weeks. [6M-4.200(4), F.A.C.]

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

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

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

Describe or define your Lead Agency's policy:

A family's eligibility for SR services depends on an established purpose for care. An ELC must authorize services in accordance with the family's purpose for care. During the authorization period the child shall be considered eligible and shall receive services at least at the same level, regardless of any time-limited absence from work for an employed parent.

Citation:

[Rule 6M-4.200\(2\)\(a\)1, F.A.C.](#)

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

Describe or define your Lead Agency's policy:

During the authorization period of a seasonal worker, the child shall be considered eligible and shall receive services at least at the same level, regardless of any interruption in work.

Citation:

[Rule 6M-4.200\(2\)\(a\)2, F.A.C.](#)

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

Describe or define your Lead Agency's policy:

During the authorization period the child shall be considered eligible and shall receive services at least at the same level, regardless of any student holiday or

break for a parent participating in a training or educational program.

Citation:

[Rule 6M-4.200\(2\)\(a\)3, F.A.C.](#)

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

Describe or define your Lead Agency's policy:

During the authorization period the child shall be considered eligible and shall receive services at least at the same level, regardless of any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

Citation:

[Rule 6M-4.200\(2\)\(a\)4, F.A.C.](#)

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

Describe or define your Lead Agency's policy:

During the authorization period the child shall be considered eligible and shall receive services at least at the same level, regardless of any other cessation of work or attendance at a training or educational program that does not exceed 3 months.

Citation:

[Rule 6M-4.200\(2\)\(a\)5, F.A.C.](#)

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

Describe or define your Lead Agency's policy:

State regulations establish the SR Program for children from birth to younger than 13 years. However, if a child turns 13 during an eligibility authorization period, the child may continue receiving child care funding for the remainder of the authorization period.

Citation:

[Rule 6M-4.200\(2\)\(a\)6, F.A.C.](#)

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

Describe or define your Lead Agency's policy:

Eligible families shall continue to receive school readiness services during the 12-month authorization period due to a change in residence within the state to a different coalition service area. The school readiness funding shall transfer to the coalition service area that the family relocates to. Funding shall reflect the remaining balance of 12-month authorization.

Citation:

[Rule 6M-4.200\(2\)\(a\)7, F.A.C](#)

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

N/A

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

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

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

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

known as a parent's eligible activity.

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

No.

Yes.

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

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

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

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

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

During the 12-month eligibility period, if the parent loses purpose of care due to a non-temporary loss of work or education activity, the parent will receive three months of continued services to obtain a new purpose for care; i.e. employment or education activity. If the parent does not re-establish a new purpose for care within that three-month period, the family's services are discontinued.

Parents receive three months of continued services to obtain a new purpose for

care; i.e. employment or education activity. If the parent does not re-establish purpose for care within that three-month period, the family's services are discontinued. However, during a state of emergency due to a natural or man-made disaster or health crisis pandemic, the Lead Agency may allow for job search to be used for initial eligibility and/or redetermination for impacted families. Families will be given 3 months to secure employment or eligible school activity to remain eligible for the remainder of the authorization period. This is not to exceed thirty days beyond the conclusion of the declared state of emergency but the state may choose to end this practice earlier.

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

There are two ways that a job search period is initiated. For families receiving services based on child care authorization from a referring agency, the three-month job search period is triggered when the referring agency does not issue another referral upon expiration or termination of the previous referral. For families that are income eligible, the three-month job search period is triggered by the parent self-reporting a loss in purpose for care; i.e. employment or education activity.

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

The job-search period is three months.

iv. Provide the citation for this policy or procedure.

[Rule 6M-4.200\(2\)-\(3\) & \(6\), F.A.C.](#)

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

i. Not applicable.

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

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

Absences that exceed 10 calendar days during a total month

B. Provide the citation for this policy or procedure:

[Rule 6M-4.200, F.A.C.](#)

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

Provide the citation for this policy or procedure:

[Rule 6M-4.200, F.A.C.](#)

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

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

The ELCs are required to submit an anti-fraud plan annually that includes procedures for identifying fraud and due process procedures for clients. The ELCs must follow their anti-fraud plan to establish substantiated fraud amounting to termination prior to the conclusion of the 12-month period. In cases of intentional program violations, the ELCs are required to document instances of intentional program violations prior to termination. [Rule 6M-4.200, F.A.C.](#)

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

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

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

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

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking



into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

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

No

Yes

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

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

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

Describe:

Income changes over 85% SMI

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

Describe:

Address change is required.

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

Describe:

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

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

Describe:

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

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

A family may submit documentation at any time during the eligibility authorization period to decrease the co-payment.

ii. Provide the citation for this policy or procedure.

[\[6M-4.400\(2\), F.A.C.\]](#)

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

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

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

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

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

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- 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. Other.

Describe:

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

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

to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

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

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

#### 4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

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

Upon determination of eligibility, a parent shall be given a payment certificate to submit to an eligible child care provider to enroll the child in its SR program. The payment certificate shall at a minimum include the child(ren) for whom an ELC authorized child care, the provider the

family selected, signatures of both the beneficiary and SR provider representative, the assessed parent copayment for each eligible child, the authorized hours of care and the authorized begin and end dates for SR services.

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

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

Describe:

Certificates may identify the provider if the parent has selected a provider at the time the certificate is issued.

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

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

Children served in the SR Program have access to all legally operating providers in the

state of Florida that are eligible to provide SR services. The range of providers include Private Centers, Large Family Child Care Homes, Family Child Care Homes, Public Schools, Private Schools, Faith-Based Exempt, and After School.

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

From ACF-800 Report for October 1, 2019 - September 30, 2020, there were 6,965 CCDF Providers. A list of eligible child care providers extracted by the DCF on March 11, 2021, included 11,721 providers. This means 60% of the eligible child care providers in Florida participate in the CCDF system.

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

To collect the private pay rate for the market rate survey, providers are encouraged to set up and maintain a provider profile through the state's EFS Modernization data system. A barrier may be that some providers may not want to make this effort as the system is fairly new and providers may not be familiar with it. The state is looking into ways to help encourage providers to set up a provider profile.

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

Custodial parent or guardian access to children while in the care of any legally operating provider, whether receiving or not receiving financial assistance through the Child Care and Development Fund, is an enforceable requirement of ss. 402.305, 402.313, and 402.3131, F. S.; Chapters 65C-20 and 65C-22, F.A.C.; and the *Statewide School Readiness Provider Contract*, [Rule 6M-4.610, F.A.C.](#)

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

No.

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

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

Describe:

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

Describe:

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

Describe:

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

Describe:

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

Describe:

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

Describe:

g. Other.

Describe:

Informal child care providers are restricted to providing care to eligible children from

only one family who are, by marriage, blood relationship, or court decree, the grandchild, great grandchild, sibling (if such provider lives in a separate residence), niece, or nephew of such provider, and complies with any applicable requirements that govern child care provided by the relative involved. ELCs ensure a Level 2 Background Screening is completed for these providers. Informal child care rates are established at no more than one-half the appropriate legally operating family child care home rate per child. Informal providers must complete an annual health and safety checklist annually, which must be posted on premises in a conspicuous location and submitted to the ELC. Informal providers are also required to have either liability insurance or maintain a homeowner's insurance policy that provides a minimum of \$100,000 of coverage per occurrence and a minimum of \$300,000 general aggregate coverage. For children who are under the custody of DCF, license exempt child care, including Informal child care providers may only be authorized by waiver/variance when no licensed child care homes or facilities are available within close proximity to work or home.

#### 4.1.6 Child care services available through grants or contracts.

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

No. If no, skip to 4.1.7.

Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots. One ELC currently uses contracted slots to provide child care services to a limited number of children.

Yes, statewide. If yes, describe:

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



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

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

#### 4.1.6 Child care services available through grants or contracts.

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

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Describe

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

**a. In child care centers.**

Sufficient payment rates and equal access are evident throughout the state based upon the large participation rate of various provider types in the SR Program. Currently, 68 percent of the total licensed child care centers in the state are also contracted to provide SR services to eligible children. Additionally, there are a total of 1,031 license-exempt providers, to include religious-exempt, public and non-public schools, and registered family child care providers, which are contracted as providers of the SR Program. OEL's Sunshine Portal provides a comprehensive and up-to-date view of the early childhood mixed delivery system, where information is linked at the child-level and reported as state and local summaries of the risk factors, protective factors, service access, service quality, and outcome indicators in user friendly data visualizations (i.e., maps, tables, and graphs). A major component in the Sunshine Portal is the Florida Index for Childcare Access (FLICCA), which utilizes available quality indicators, parental choice (selection), capacity, infrastructure, to provide information used by policymakers to identify the types of interventions necessary for increasing access to high-quality care in a zip code for families. DEL will continue to use The Sunshine Portal to identify areas where there are child care deserts and work with the coalitions and other stakeholders to encourage high quality child care programs open to serve the population. A requirement to contract to provide school readiness is a provider must score at least a 3.5. on the CLASS program assessment. Early learning coalitions can waive the contract minimum score if there is a need for capacity in the area. Currently, 4% of contracted centers have a waiver due to capacity needs. These providers must be placed on a Quality Improvement Plan that outlines specific strategies the providers must participate in hopes of bringing the providers score up to meet the contract threshold.

**b. In child care homes.**

Sufficient payment rates and equal access are evident throughout the state based upon

the large participation rate of various provider types in the SR Program. Currently, over 50 percent of the total family child care home providers in the state are also contracted to provide SR services to eligible children. Additionally, there are a total of 1,031 license-exempt providers, to include religious-exempt, public and non-public schools, and registered family child care providers, which are contracted as providers of the SR Program. OEL's Sunshine Portal provides a comprehensive and up-to-date view of the early childhood mixed delivery system, where information is linked at the child-level and reported as state and local summaries of the risk factors, protective factors, service access, service quality, and outcome indicators in user friendly data visualizations (i.e., maps, tables, and graphs). A major component in the Sunshine Portal is the Florida Index for Childcare Access (FLICCA), which utilizes available quality indicators, parental choice (selection), capacity, infrastructure, to provide information used by policymakers to identify the types of interventions necessary for increasing access to high-quality care in a zip code for families. DEL will continue to use The Sunshine Portal to identify areas where there are child care deserts and work with the coalitions and other stakeholders to encourage high quality child care programs open to serve the population. A requirement to contract to provide school readiness is a provider must score at least a 3.5. on the CLASS program assessment. Early learning coalitions can waive the contract minimum score if there is a need for capacity in the area. Currently, 5% of contracted FCCH have a waiver due to capacity needs. These providers must be placed on a Quality Improvement Plan that outlines specific strategies the providers must participate in hopes of bringing the providers score up to meet the contract threshold.

c. Other.

N/A

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

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

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

Describe:

Utilization of contracted slots will be based on a community needs assessment.

ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

The DEL is committed to support the Florida Child Care Home Association through offering workshops at their annual conferences, and through their engagement in leadership team groups for quality initiatives statewide.

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

Technical assistance (TA) support is available to all CCDF/SR providers through the ELCs to address program quality. The DEL also provides TA support to ELCs as requested.

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

Providers serving children birth through kindergarten entry receive a tiered reimbursement rate when they receive a qualifying score on a program assessment (CLASS.) In addition, providers who implement one of the DEL-approved child assessment tools receive an additional 5% differential. Providers must also meet a minimum program assessment score for contracting purposes. Those who meet the minimum contracting threshold, but not the quality threshold necessary to receive a tiered reimbursement rate, are provided intervention strategies to assist them in improving teacher-child interactions. See Rules [6M-4.740](#) and [6M-4.741](#),

F.A.C .

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

Describe:

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

- xi. Other.

Describe:

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

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

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

Describe:

Utilization of contracted slots will be based on a community needs assessment.

- ii. Family Child Care Networks.

Describe:

The Florida Family Child Care Home Association is a part of every collaborative network that DEL facilitates. The association president actively participates on the

Florida Infant/Toddler Network where they collaborate to address capacity needs.

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

The Florida Infant/Toddler Specialist Network supports providers through specialized trainings, coaching and technical assistance specific to the infant-toddler age group.

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

Providers serving children birth through kindergarten entry receive a tiered reimbursement rate when they receive a qualifying score on a program assessment (CLASS.) In addition, providers who implement one of the DEL-approved child assessment tools receive an additional 5% differential. Providers who meet the minimum contracting threshold but not the quality threshold receive intervention strategies to assist them in improving teacher-child interactions. Depending on various other factors, the payment of a Gold Seal rate differential (see additional information on this program below) for infants and toddlers may be available. Early Head Start programs that are receiving subsidy are also eligible for Gold Seal rate.

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

Describe:

DEL offers trainings for improving business practices through the statewide training initiative. Additionally, a business practices course is a requirement for completing the application for a Florida Director Credential. This course covers child care business for all ages. Some ELCs also offer local business trainings for providers, offering templates for business plans, parent handbooks, and salary scales.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

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

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

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

Describe:

Utilization of contracted slots will be based on a community needs assessment

ii. Family Child Care Networks.

Describe:

The Florida Family Child Care Home Association is a part of every collaborative network that DEL facilitates. They actively participate where their partnership could help address capacity needs.

iii. Start-up funding.

Describe:



iv. Technical assistance support.

Describe:

The Florida Inclusion Network supports providers with local inclusion specialists. The Network supports the inclusion specialists through specialized trainings. Additionally, trainings are offered through the statewide training initiative that offers courses with technical assistance opportunities and stipends to incentivize completion.

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

The amount of subsidy shall be consistent with the rates for special needs child care established by DCF. A special needs rate may be negotiated up to 20 percent above the licensed center infant payment rate. However, the special needs rates may not exceed the private pay rate for licensed center infant care receiving the same services. This rate differential is locally determined and helps ensure that providers who accept children with special needs are able to make the appropriate modifications necessary to meet each child's unique circumstances. To justify this rate, a provider must show that they are providing care above and beyond ADA requirements for child care facilities.

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

Describe:

DEL offers trainings for improving business practices through the statewide training initiative. Additionally, a business practices course is a requirement for completing the application for a Florida Director Credential. This course covers child care business for all ages and abilities. A course in supporting children with special needs is also required for the Florida Director Credential to encourage the leadership to be aware of appropriate business decisions when serving children with special needs. Some ELCs also offer local business trainings for providers, offering templates for business plans, parent handbooks, and salary scales.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

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

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

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

Describe:

Utilization of contracted slots will be based on a community needs assessment.

ii. Family Child Care Networks.

Describe:

The Florida Family Child Care Home Association is a part of every collaborative network that DEL facilitates. They actively participate where their partnership could help address capacity needs.

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

DEL supports providers with local technical assistance specialists that are available to all providers, regardless of hours of service. Additionally, DEL offers courses through the statewide training initiative by offering courses that are partnered with technical assistance opportunities and offer stipends for completion.

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Describe:

DEL offers trainings for improving business practices through the statewide training initiative. Additionally, a business practices course is a requirement for completing the application for a Florida Director Credential. This course covers child care business for all service hours. Some ELCs also offer local business trainings for providers, offering templates for business plans, parent handbooks, and salary scales.

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

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

e. Other. Check and describe all that apply.

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

Describe:

DEL has developed the following guiding principles for the ARP Stabilization Grants:

- The application process/system must be designed to:
  - o Be easily accessible to almost 11,600 providers.
  - o Include upload features for providers to submit required data on a periodic basis (i.e., semi-annually after initial submission and option to verify that there are no changes)
  - o Pre-populate with available data to the extent applicable.
  - o Include download and approval features for both DEL and ELCs.
  - o Include supports for providers to complete the application (i.e., call center).
    - There must be an aggressive pre-and post-award system to monitor the application for and use of funds and detect potential fraud.
    - The range of grant awards must be determined so that it is manageable for both DEL and ELCs given the number of providers.
    - The disbursement of the \$1.5B will occur over a specified period of time (i.e., 6 quarters beginning in January 2022).

Florida is using HHS/OCC resources, including grant templates and the Cost of Quality tool, to implement these grants.

ii. Family Child Care Networks.

Describe:

- iii. Start-up funding.

Describe:

- iv. Technical assistance support.

Describe:

- v. Recruitment of providers.

Describe:

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

Describe:

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

Describe:

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

- xi. Other.

Describe:

**4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).**

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

Significant poverty areas are identified by census tracts with 40% or more of the population at or below 150% FPL.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs DEL works closely with Head Start, Early Head Start, Migrant and Seasonal Head Start and Early Head Start - Child Care Partnerships grantees to coordinate services and to assure families in targeted low-income areas have more access to quality child care settings. For example, families are referred by CCR&R to other programs and DEL is working to have applications for multiple programs linked on one website.

## 4.2 Assess Market Rates and Analyze the Cost of Child Care

### 4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and

parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

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

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c))). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

#### 4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

The Provider Services Portal in the State's EFS Modernization data system allows providers to set up and maintain a provider profile and the provider's private pay rates based on the age of the child and the daily care provided, for example part-time or full-time. This data covers the entire Child Care Resource and Referral network of providers. It also includes contracted School Readiness providers as a subset. Each year local early learning coalitions are responsible for ensuring provider information collected in the statewide information system (Provider Services Portal) is updated and accurately by May 31. Efforts are made to encourage all providers to keep their profile and private pay rates updated in EFS Modernization.

The information is used to determine an adequate payment rate, enabling families using the subsidy to enter the child care market in a competitive position with the ability to find and afford high-quality care across the full range of child care provider types and services. DEL used the latest provider private pay rates between July 1, 2019 and June 30, 2020 when determining the average market rate. DEL used the latest month during that period (June 30, 2020). If June was not available DEL used the last month the providers had available.

b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:



b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2.

**4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.**

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

The DEL consults with the Association of Early Learning Coalitions and the local child care resource and referral agencies to conduct the MRS. Additional requirements for the market rate schedule are included in s. 1002.895, F.S. In 2019, DEL held three statewide webinars, May 30 and 31 and June 6, to collect feedback from stakeholders on the MRS process. Providers, early learning coalitions, provider association groups and other interested stakeholders, attended the webinars. These entities are the same entities that are required to consult and coordinate with in the development of the plan. There were 237 participants during the course of the webinars that yielded suggestions on data collection used to capture the care levels and provider types.

b) Local child care program administrators:

The DEL consults with the ELCs, the local child care resource and referral agencies, and the Association of Early Learning Coalitions to conduct the MRS. Additional requirements for the market rate schedule are included in s. 1002.895, F.S. In 2019, DEL held three statewide webinars, May 30 and 31 and June 6, to collect feedback from stakeholders on the MRS process. Providers, early learning coalitions, provider association groups and other interested stakeholders, attended the webinars. There were 237 participants during

the course of the webinars that yielded suggestions on data collection used to capture the care levels and provider types.

**c) Local child care resource and referral agencies:**

The DEL consults with the ELCs, the local child care resource and referral agencies, and the Association of Early Learning Coalitions to conduct the MRS. Within the 30 early learning coalitions are 30 CCR&R units that are responsible for coordinating efforts with the child care providers to annually submit their private provider rates by the last business day in May. The DEL works with the early learning coalition CCR&R units as needed to coordinate this submission. Additional requirements for the market rate schedule are included in s. 1002.895, F.S. In 2019, DEL held three statewide webinars, May 30 and 31 and June 6, to collect feedback from stakeholders on the MRS process. Providers, early learning coalitions, provider association groups and other interested stakeholders, attended the webinars. There were 237 participants during the course of the webinars that yielded suggestions on data collection used to capture the care levels and provider types.

**d) Organizations representing caregivers, teachers, and directors:**

During the spring of 2019, the DEL held three webinar opportunities to consult with providers - including their caregivers, teachers and directors - as well as representatives from statewide provider associations. The webinars provided an overview of the 2019 Market Rate Survey and the subsequent Market Rate Calculation in order to obtain specific input and feedback from participants for conducting these processes. A total of 237 participants were on these webinars.

**e) Other. Describe:**

N/A

**4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:**

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: [Click or tap here to enter text.](#)

The market rate includes providers offering services within the 67 counties.

ii. Provide complete and current data:

The market rate is based on the rates provided by providers within Florida's 67 counties and reimbursement payments made during the 2019-2020 program year.

iii. Use rigorous data collection procedures:

The Provider Services Portal in the State's EFS Modernization data system allows providers to set up and maintain a provider profile and the provider's private pay rates based on the age of the child and the daily care provided, for example part-time or full-time. This data covers the entire Child Care Resource and Referral network of providers. It also includes contracted School Readiness providers as a subset. Each year local early learning coalitions are responsible for ensuring provider information collected in the statewide information system (Provider Services Portal) is updated and accurately by May 31. Efforts are made to encourage all providers to keep their profile and private pay rates updated in EFS Modernization.

The information is used to determine an adequate payment rate, enabling families using the subsidy to enter the child care market in a competitive position with the ability to find and afford high-quality care across the full range of child care provider types and services. DEL used the latest provider private pay rates between July 1, 2019 and June 30, 2020 when determining the average market rate.

iv. Reflect geographic variations:

The market rate is based on the rates provided by providers per county. There are a

total of 67 counties in Florida.

v. Analyze data in a manner that captures other relevant differences:

Full-time rates, if reported under \$10 per day or greater than \$60 per day, were not included in the market rate calculation. Part-time rates, if reported under \$5 per day or greater than \$60 per day, are also not included in the survey's calculations. These "high-water" and "low-water" marks are considered extreme values and determined to be data entry anomalies. For data quality and accuracy purposes, any category with less than five provider rates are not calculated or reported. This methodology allows DEL to establish controls for the risk of reporting a false-negative finding.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes.

If yes, why do you think the data represents the child care market?

NA

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

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

The market rate is based on the rates provided by providers per county. There are a total of 67 counties in Florida.

b) Type of provider. Describe:

Rates are calculated based on the following provider types: private center, family child care home, large family child care home, public school, non-public school, after school program and faith-based exempt center.

c) Age of child. Describe:

Rates are displayed for the following care levels: infant, toddler, 2 year old, preschool 3-5 year olds, school age and special needs.

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

Rates are calculated based on full-time and part-time weekly rates and if the provider is Gold Seal or a non-gold provider.

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

- No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.
- Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

The Provider Services Portal in the State's EFS Modernization data system allows providers to set up and maintain a provider profile and the provider's private pay rates based on the age of the child and the daily care provided, for example part-time or full-time. This data covers the entire Child Care Resource and Referral network of providers. It also includes contracted School Readiness providers as a subset. Each year local early learning coalitions are responsible for ensuring provider information collected in the statewide information system (Provider Services Portal) is updated and accurate by May 31. Efforts are made to encourage all providers to keep their profile and private pay rates updated in EFS Modernization.

The information is used to determine an adequate payment rate, enabling families using the subsidy to enter the child care market in a competitive position with the ability to find and afford high-quality care across the full range of child care provider types and services. DEL used the latest provider private pay rates between July 1, 2019 and June 30, 2020 when determining the average market rate. In order to meet the requirement for the Narrow Cost Analysis, DEL contracted with a state

university in 2018 to complete an updated cost modeling analysis, which combines a county by county assessment of capacity, enrollment, and payment rates, in order to support important strategic planning that focuses on a number of critical aspects of quality and accessibility of early care and education programs. To design and develop the protocols and automated models for the Florida Cost of Quality study, extensive data collection and analysis was completed. A statewide case study was developed that allows the user to model county-level variations, and numerous capacity and quality scenarios were completed to document the full impact of program differences on child care provider operations. Data on base reimbursement rates for all 67 counties was also analyzed, as was the impact of quality payment differentials. The completed comprehensive data collection and analysis validates the cost of child care by county, as well as the impact of base payment rates and differentials. The data inputs and outputs contained within the resulting cost models have been calibrated to represent scenarios specific to Florida's early learning program landscape. The automated calculator includes all basic operational expenses and revenues of child care providers, as well as the current policy levers for increasing payment rates in alignment with quality. The automation and functionality of the calculator provides utility at the provider level, community and regional level, and state system level to inform the need for potential modifications to payment rates, targeted investments in quality, and considerations for funding efficiencies to maximize School Readiness funding. DEL can use the analysis capabilities of the side-by-side rate workbook to conduct ongoing analysis of both payment rates against the 75th percentile and the differential impacts on funding, as well as determine counties and or care levels that the state, and/or an early learning coalition may want to focus on as a part of ensuring funding is sufficient to access quality early learning opportunities. The ELC's and RCMA use the MRS to establish payment rates submitted to DEL which are then subject to DEL approval. ELCs and RCMA are also encouraged to use include an analysis to address the true costs of care in setting reimbursement rates locally. The state's approval process includes a comparison and analysis of the payment rates and MRS. ELCs are allowed to adjust their reimbursement rates as needed based on the most current MRS. The current MRS, published on 3/18/2021, showed that average SR reimbursement rates were estimated to be at 76% of the average market rate for Private Centers, 83% for Large Family Child Care Homes, 83% for Family Child Care Homes, 107% for Public Schools, 72% for

Private Schools, and 75% for Faith-Based Exempt.

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

A fully compliant pre-contractual health and safety inspection must be conducted prior to the execution of a Statewide School Readiness Provider Contract in accordance with Section 1002.88, F.S., and minimum standards adopted under Rule 6M-4.620, F.A.C. Annual inspections are conducted by the DCF or local licensing agency, whichever is applicable, be unannounced and take place within the contract year at a time as scheduled by the department or local licensing agency. Eligible providers complete the provider profile that includes the private pay rates used to establish the average market rate. In order to meet the requirement for the Narrow Cost Analysis, DEL contracted with a state university in 2018 to complete an updated cost modeling analysis, which combines a county by county assessment of capacity, enrollment, and payment rates, in order to support important strategic planning that focuses on a number of critical aspects of quality and accessibility of early care and education programs. To design and develop the protocols and automated models for the Florida Cost of Quality study, extensive data collection and analysis was completed. A statewide case study was developed that allows the user to model county-level variations, and numerous capacity and quality scenarios were completed to document the full impact of program differences on child care provider operations. Data on base reimbursement rates for all 67 counties was also analyzed, as was the impact of quality payment differentials. The completed comprehensive data collection and analysis validates the cost of child care by county, as well as the impact of base payment rates and differentials. The data inputs and outputs contained within the resulting cost models have been calibrated to represent scenarios specific to Florida's early learning program landscape. The automated calculator includes all basic operational expenses and revenues of child care providers, as well as the current policy levers for increasing payment rates in alignment with quality. The automation and functionality of the calculator provides utility at the provider level, community and regional level, and state system level to inform the need for potential modifications

to payment rates, targeted investments in quality, and considerations for funding efficiencies to maximize School Readiness funding. DEL can use the analysis capabilities of the side-by-side rate workbook to conduct ongoing analysis of both payment rates against the 75th percentile and the differential impacts on funding, as well as determine counties and or care levels that the state, and/or an early learning coalition may want to focus on as a part of ensuring funding is sufficient to access quality early learning opportunities. The ELC's and RCMA use the MRS to establish payment rates submitted to DEL which are then subject to DEL approval. ELCs and RCMA are also encouraged to use include an analysis to address the true costs of care in setting reimbursement rates locally. The state's approval process includes a comparison and analysis of the payment rates and MRS. ELCs are allowed to adjust their reimbursement rates as needed based on the most current MRS. The current MRS, published on 3/18/2021, showed that average SR reimbursement rates were estimated to be at 76% of the average market rate for Private Centers, 83% for Large Family Child Care Homes, 83% for Family Child Care Homes, 107% for Public Schools, 72% for Private Schools, and 75% for Faith-Based Exempt.

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

DEL does not have a quality rating system. However, in accordance with Rule 6M-4.740 F.A.C., SR providers must have a program assessment conducted and meet the Contract Minimum Threshold of 3.50 prior to executing a SR contract. Program assessment refers to the measurement of the quality of teacher-child interactions, including responsive caregiving, emotional and behavioral support, engaged support for learning, classroom organization, and instructional support for children using the assessment adopted by the DEL. For the 2022-23 contract year, the minimum program assessment composite score required is 4.00. In order to meet the requirement for the Narrow Cost Analysis, DEL contracted with a state university in 2018 to complete an updated cost modeling analysis, which combines a county by county assessment of capacity, enrollment, and payment rates, in order to support important strategic planning that focuses on a number of critical aspects of quality and accessibility of early care and education programs. To design and develop the protocols and automated models for the Florida Cost of



Quality study, extensive data collection and analysis was completed. A statewide case study was developed that allows the user to model county-level variations, and numerous capacity and quality scenarios were completed to document the full impact of program differences on child care provider operations. Data on base reimbursement rates for all 67 counties was also analyzed, as was the impact of quality payment differentials. The completed comprehensive data collection and analysis validates the cost of child care by county, as well as the impact of base payment rates and differentials. The data inputs and outputs contained within the resulting cost models have been calibrated to represent scenarios specific to Florida's early learning program landscape. The automated calculator includes all basic operational expenses and revenues of child care providers, as well as the current policy levers for increasing payment rates in alignment with quality. The automation and functionality of the calculator provides utility at the provider level, community and regional level, and state system level to inform the need for potential modifications to payment rates, targeted investments in quality, and considerations for funding efficiencies to maximize School Readiness funding. DEL can use the analysis capabilities of the side-by-side rate workbook to conduct ongoing analysis of both payment rates against the 75th percentile and the differential impacts on funding, as well as determine counties and or care levels that the state, and/or an early learning coalition may want to focus on as a part of ensuring funding is sufficient to access quality early learning opportunities. The ELC's and RCMA use the MRS to establish payment rates submitted to DEL which are then subject to DEL approval. ELCs and RCMA are also encouraged to use include an analysis to address the true costs of care in setting reimbursement rates locally. The state's approval process includes a comparison and analysis of the payment rates and MRS. ELCs are allowed to adjust their reimbursement rates as needed based on the most current MRS. The current MRS, published on 3/18/2021, showed that average SR reimbursement rates were estimated to be at 76% of the average market rate for Private Centers, 83% for Large Family Child Care Homes, 83% for Family Child Care Homes, 107% for Public Schools, 72% for Private Schools, and 75% for Faith-Based Exempt.

d. [The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.](#)

DEL's past market rates and the care levels used for data collection were limited to

infant, toddler, preschool-age, and school-age. During the statewide webinars held on May 30, May 31 and June 6, webinar participants suggested expansion of the care levels to include eight care levels in an effort to reflect a more comprehensive cost of care. DEL incorporated these changes in the 2019 market rate to demonstrate a more accurate representation of the rates charged by the private child care providers amongst the care levels (infant, toddler, 2 year old, preschool 3-5 year olds, school age and special needs. DEL also expanded the Gold Seal designation to include Gold Seal Faith-Based Exempt providers to show inclusivity of all provider types available to subsidy families. Lastly, DEL used the latest provider rates paid between July 1, 2019 and June 30, 2020, when determining the market rate. In order to meet the requirement for the Narrow Cost Analysis, DEL contracted with a state university in 2018 to complete an updated cost modeling analysis, which combines a county by county assessment of capacity, enrollment, and payment rates, in order to support important strategic planning that focuses on a number of critical aspects of quality and accessibility of early care and education programs. To design and develop the protocols and automated models for the Florida Cost of Quality study, extensive data collection and analysis was completed. A statewide case study was developed that allows the user to model county-level variations, and numerous capacity and quality scenarios were completed to document the full impact of program differences on child care provider operations. Data on base reimbursement rates for all 67 counties was also analyzed, as was the impact of quality payment differentials. The completed comprehensive data collection and analysis validates the cost of child care by county, as well as the impact of base payment rates and differentials. The data inputs and outputs contained within the resulting cost models have been calibrated to represent scenarios specific to Florida's early learning program landscape. The automated calculator includes all basic operational expenses and revenues of child care providers, as well as the current policy levers for increasing payment rates in alignment with quality. The automation and functionality of the calculator provides utility at the provider level, community and regional level, and state system level to inform the need for potential modifications to payment rates, targeted investments in quality, and considerations for funding efficiencies to maximize School Readiness funding. DEL can use the analysis capabilities of the side-by-side rate workbook to conduct ongoing analysis of both payment rates against the 75th percentile and the differential impacts on funding, as well as determine counties

and or care levels that the state, and/or an early learning coalition may want to focus on as a part of ensuring funding is sufficient to access quality early learning opportunities. The ELC's and RCMA use the MRS to establish payment rates submitted to DEL which are then subject to DEL approval. ELCs and RCMA are also encouraged to use include an analysis to address the true costs of care in setting reimbursement rates locally. The state's approval process includes a comparison and analysis of the payment rates and MRS. ELCs are allowed to adjust their reimbursement rates as needed based on the most current MRS. The current MRS, published on 3/18/2021, showed that average SR reimbursement rates were estimated to be at 76% of the average market rate for Private Centers, 83% for Large Family Child Care Homes, 83% for Family Child Care Homes, 107% for Public Schools, 72% for Private Schools, and 75% for Faith-Based Exempt.

**4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)**

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

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

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. March 18, 2021

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

The report was posted on OEL's website at

<http://www.floridaearlylearning.com/providers/market-rate>. We also changed to a weighted 75th Percentile as recommended.

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

In 2019, DEL held three statewide webinars, May 30, May 31 and June 6, to collect feedback from stakeholders on the MRS process. Providers, ELCs, provider association groups and other interested stakeholders attended the webinars. There were 237 participants during the course of the webinars that yielded suggestions on data collection used to capture the care levels and provider types.

### 4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

#### **4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.**

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as

identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate: 150.00

Full-time weekly base payment rate: weekly

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:126.05

Full-time weekly base payment rate: weekly

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 68%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:104.10

Full-time weekly base payment rate: weekly

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 69%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:86.20

Full-time weekly base payment rate: weekly

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 64%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:137.55

Full-time weekly base payment rate: weekly

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 79%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:123.40

Full-time weekly base payment rate: weekly

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 77%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:103.55

Full-time weekly base payment rate: weekly

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:85.25

Full-time weekly base payment rate: weekly

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 68%

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

The market rate survey displays daily rates. The daily rates were multiplied by 5 to get the weekly rate.

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Full-time care is defined as daily care, which is greater than or equal to 6 hours of care and less than 11 hours of care. Part-time care is defined as daily care, which is greater than or equal to 3 hours of care and less than 6 hours of care.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). March 18, 2021

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

Miami-Dade County

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

<http://www.floridaearlylearning.com/providers/market-rate>

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

The 30 ELCs and RCMA



#### 4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates.

Check all that apply.

a. Geographic area.

Describe:

The market rate is based on the rates provided by providers per county. There are a total of 67 counties in Florida.

b. Type of provider.

Describe:

Rates are calculated based on the following provider types: private center, family child care home, large family child care home, public school, non-public school, after school program and faith-based exempt center.

c. Age of child.

Describe:

Rates are displayed for the following care levels: infant (0 to <12 months), toddler (12 months to <48 months), preschool-age (48 months to school age) and school age (school entry to < 13 years).

d. Quality level.

Describe:

Quality levels are determined by composite CLASS scores and if the provider is Gold Seal.

e. Other.

Describe:

**4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).**

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

- No.
- Yes. If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.
- a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

- b. Differential rate for non-traditional hours.

Describe:

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

Describe:

The amount of subsidy shall be consistent with the rates for special needs child care established by DCF. A special needs rate may be negotiated up to 20 percent above the licensed center infant payment rate. The special needs rates may not exceed the private pay rate for licensed center infant care receiving the same services. This rate differential is locally determined and helps ensure that providers who accept children with special needs are able to make the appropriate modifications necessary to meet each child's unique circumstances. To justify this rate, a provider must show that they are providing care above and beyond ADA requirements for child care facilities.

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

Describe:

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

Describe:

- f. Differential rate for higher quality, as defined by the state/territory.

Describe:

In 1996, the Florida Legislature established the Gold Seal Quality Care program to acknowledge child care facilities and family day care homes that are accredited by nationally-recognized agencies based on the applicable accrediting standards of the National Association for the Education of Young Children (NAEYC), the National Association of Family Child Care and the National Early Childhood Program Accreditation Commission. Head Start, Early Head Start and Migrant and Seasonal Head Start programs that receive subsidy rates and are accredited are also eligible for the Gold Seal program. In addition, the Florida Legislature has provided in its General Appropriations Act that ELCs may negotiate the payment of a rate differential or stipend, which may not exceed more than 20 percent of an ELC's reimbursement rate, to SR providers who have achieved a Florida Gold Seal Quality Care designation through accreditation. In 2018, the Florida Legislature made it mandatory for providers to have an annual program assessment. DEL is currently utilizing CLASS. Each provider who has a minimum of subsidized slots receives CLASS observations of 50% of each care level of classrooms at their site. These classroom observation scores are averaged and used to determine whether a provider is eligible for a differential on top of their base reimbursement rate or whether they need to be on a Quality Improvement Plan. Providers who score below the contract minimum are not able to contract for SR unless they score at the contract minimum on a subsequent assessment. These providers may choose to pay for a second assessment. Providers deemed essential in meeting the needs of a geographic area may have their program assessment score waived in order to contract and provided they participate in a Quality Improvement Plan. CLASS composite score ranges: 4.00 - 4.99 = 4% differential, 5.00 - 5.99 = 7% differential and

6.00 - 7.0 = 10% plus providers implementing child assessment receive another 5%.  
Over 75% of providers participating in CLASS are eligible to receive a differential.

g. Other differential rates or tiered rates.

Describe:

#### 4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Sufficient payment rates and equal access are evident throughout the state based upon large participation rates of various provider types in the SR Program. Currently, 68 percent of the total licensed child care centers and over 50 percent of the total family child care home providers in the state are also contracted to provide SR services to eligible children. Additionally, there are a total of 1,031 license-exempt providers, to include religious-exempt, public and non-public schools, and registered family child care providers, which are contracted as providers of the SR Program. Based on an early learning cost modeling analysis, the current base reimbursement rates are sufficient to meet basic health and safety, quality and staffing requirements. Florida implemented a

statewide reimbursement rate increase in January 2021 that achieved the 75th percentile for infants, 85 percent of the 75th percentile for toddlers and 2-year-olds and 75 percent of the 75th percentile for 3-, 4- and 5-year-old age care levels.

b) Describe how payment rates are adequate and have been established based on the [most recent MRS or alternative methodology](#) . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The ELC's and RCMA use the MRS to establish payment rates submitted to DEL and subject to DEL approval. The approval process includes a comparison and analysis of the payment rates and MRS. ELCs are allowed to adjust their reimbursement rates as needed based on the most current MRS. The current MRS, published on 3/18/2021, showed that average SR reimbursement rates were estimated to be at 76% of the average market rate for Private Centers, 83% for Large Family Child Care Homes, 83% for Family Child Care Homes, 107% for Public Schools, 72% for Private Schools, and 75% for Faith-Based Exempt.

**4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).**

The DEL requires each ELC to annually update information on all providers in the CCR&R system. The ELCs survey all providers in their communities to collect provider business profile, services offered and rate information. This information is updated in the state's information system. DEL provides three reports for ELCs to use to verify the information. One is a list of providers that have yet to be updated in the system. Another is a summary-level status report, which displays the number and percent of providers that have completed the survey. The last report displays the number and percent of providers that have reported out-of-bound rates. DEL also follows-up routinely with ELC staff on the status of their provider survey update results. After the ELC has verified the information, DEL creates a data subset of all providers that

have responded to include in the market rate calculation based on provider type groups and rate categories. The market rate is reported as a full-time and part-time weekly rate. Annual, monthly, daily, and hourly rates are converted to full-time weekly rates for inclusion in the calculation. Part-time rates are reported as part-time weekly rates. A rate is excluded from the calculation if it is less than \$50 for full time, \$25 for part time or more than \$300 for full or part-time weekly care. The DEL calculates the 75th percentile using the market rate data subset described above. The market rate report includes rate information by the ELC, county, age group, and provider type. The *Market Rate Survey* is distributed to the ELCs to analyze current provider payment rates and to determine if payment rates should be updated. Sufficient payment rates and equal access are evident throughout the state based upon the large participation rate of various provider types in the SR Program. Currently, 68 percent of the total licensed child care centers and over 50 percent of the total family child care home providers in the state are also contracted to provide SR services to eligible children. Additionally, there are a total of 1,031 license-exempt providers, to include religious-exempt, public and non-public schools, and registered family child care providers, which are contracted as providers of the SR Program.

**4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.**

N/A

**4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments**

**4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments**

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

#### **4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.**

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

- i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

- ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

DEL requires in the annual grant agreement all ELCs and RCMA to pay child care providers within no more than 21 calendars days for services rendered during the prior month.

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

- i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

The State supports fixed costs of providing child care services by requiring the ELC to reimburse the provider based on the child's authorized hours of care needed, either part-time or full-time. For a child who is authorized only full-time care, an ELC shall not recoup or adjust a provider's reimbursement for days a child attends part-time. The ELC shall not reduce authorized hours of care prior to redetermination unless the parent requests a reduction in the authorized hours of care based on hours of care needed (Rule 6M-4.500, F.A.C.).

- ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

- iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

The State currently supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences and providing full payment if a child is absent for up to a certain number of days in a month. In accordance with Rule 6M-4.500(4), F.A.C., reimbursement shall be authorized for no more than three absences per calendar month per child except in the event of extraordinary circumstances. In these cases, the ELC or its designee shall provide written approval for payment based on written documentation provided by the parent justifying the



excessive absence for up to an additional seven days.

Reimbursement shall be authorized for no more than three (3) absences per calendar month per child except in the event of extraordinary circumstances in which case the coalition or its designee shall document approval for payment based on written documentation provided by the parent justifying the excessive absence for up to an additional seven (7) days. Extraordinary circumstances does not include vacation or recreational time.

Examples of extraordinary circumstances include the following:

1. Hospitalization of the child or parent with appropriate documentation (i.e., doctor's note, hospital admission),
2. Illness requiring home-stay as documented (doctor's note, parent statement),
3. Death in the immediate family with appropriate documentation (i.e., obituary, death certificate, parent statement),
4. Court ordered visitation with appropriate documentation (i.e., court order), or
5. Unforeseen documented military deployment or exercise of the parent(s) (i.e., military orders of deployment, reserve duty)

[6M-4-500(4), F.A.C.]

- iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

- i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Reimbursement for child care is full-time or part-time with additional units of care for extended hours (greater than full-time care), and one unit of care for less than part-

time care.

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

Describe the policy or procedure.

A registration fee of up to \$75 per child will be paid to SR providers. This payment will be limited to two times during a child's continuous time in the SR Program within a 5-year period. Exceptions are: If the child is attending a provider and the provider closes or has its contract terminated the ELC shall pay the registration fee at the new provider due to this circumstance. This is a one-time exception and does not count towards the two-time limit. If there is a break in care of 12 consecutive months, the two-time limit refreshes. Hardship exceptions for the two-time limit: Illness of the child that would result in the family having to move; Loss of a parent that would result in the family having to move; Loss of employment that would result in the family having to move; Being evicted that would result in the family having to move; Natural or man-made disasters; or the child is expelled. Providers will be required to return the registration fee if they expel children or require families to transfer within 3 months of enrollment. The DEL has conducted a statewide survey and data analysis to support this policy.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

All CCDF providers complete *Form OEL-SR-20 - Statewide School Readiness Provider Contract*. This stipulates payment policies, including rates, schedules, and any fees charged to providers, and the dispute-resolution process.

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.

Describe:

Through the ELCs, the State provides prompt notice to providers regarding any changes

to the family's eligibility status that may impact payment. ELCs provide prompt notification to providers and parents of any eligibility status changes. Rule 6M-4.200, F.A.C., requires ELCs notify providers within 10 calendar days if as a result of redetermination, a parent is determined ineligible. The rule requires that the ELC notify the provider within two weeks prior to a child's termination.

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

The State also has a timely appeal and resolution process for payment inaccuracies and disputes, as provided in the *Statewide School Readiness Provider Contract* (contract). If a provider disputes any action taken by the ELC pursuant to the terms of the contract, the provider may request a review hearing. The ELC and provider will decide upon a date and time for the review hearing within 45 days of the request for the review hearing. At that point, a Review Hearing Committee will assess the claims of the provider. The ELC will be provided a reasonable opportunity to submit rebuttal evidence. Following the completion of the presentations the Review Hearing Committee will vote on each of the provider's claims.

g. Other. Describe:

N/A

#### 4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

Â

#### 4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

Sufficient payment rates and equal access are evident throughout the state based upon the

large participation rate of various provider types in the SR Program. Currently, 60 percent of the total licensed child care providers in the state are also contracted to provide SR services to eligible children. Each ELC signs a grant agreement with the DEL to ensure that payments to providers will be made within 21 calendar days. The State supports fixed costs of providing child care services by requiring the ELC to reimburse the provider based on the child's authorized hours of care needed, either part-time or full-time. For a child who is authorized only full-time care, a ELC shall not recoup or adjust a provider's reimbursement for days a child attends part-time. The ELC shall not reduce authorized hours of care prior to redetermination unless the parent requests a reduction in the authorized hours of care based on hours of care needed (Rule 6M-4.500, F.A.C.). The State delinks provider payments from a child's occasional absences and providing full payment if a child is absent for up to a certain number of days in a month. In accordance with Rule 6M-4.500(4), F.A.C., reimbursement shall be authorized for no more than three absences per calendar month per child except in the event of extraordinary circumstances. In these cases, the ELC or its designee shall provide written approval for payment based on written documentation provided by the parent justifying the excessive absence for up to an additional seven days. Reimbursement for child care is full-time or part-time with additional units of care for extended hours (greater than full-time care), and one unit of care for less than part-time care. A registration fee of up to \$75 per child will be paid to SR families, this payment will be limited to two times within a 5-year period during a child's continuous time in the SR Program. All CCDF providers complete *Form OEL-SR-20 - Statewide School Readiness Provider Contract*. This stipulates payment policies, including rates, schedules, and any fees charged to providers, and the dispute-resolution process. The State provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment through the ELCs. ELCs provide prompt notification to providers and parents of any eligibility status changes. Rule 6M- 4.200, F.A.C., requires ELCs notify providers within 10 calendar days if as a result of redetermination, a parent is determined ineligible. The rule requires that the ELC notify the provider within two weeks prior to a child's termination. The State also has a timely appeal and resolution process for payment inaccuracies and disputes, as provided in the *Statewide School Readiness Provider Contract* (contract). If a provider disputes any action taken by the ELC pursuant to the terms of the contract, the provider may request a review hearing. The ELC and provider will decide upon a date and time for the review hearing within 45 days of the request for the review hearing. At that point, a Review Hearing Committee will assess the claims of the provider. The ELC will be provided a reasonable opportunity to submit rebuttal evidence. Following the completion of the presentations, the

Review Hearing Committee will vote on each of the provider's claims.

#### 4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

a. Limit the maximum co-payment per family.

Describe: .

b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and  
Copayment in excess of 10 percent must include a justification. Rule 6M-4.400, F.A.C., requires a ELC's sliding fee scale must be set at a level that provides economically disadvantaged families equal access to the care available to families whose income is high enough not to qualify for financial assistance for SR services. An ELC must submit its proposed sliding fee scale to DEL for approval. The DEL reviews the sliding fee scale to determine that the scale is reflective of the annually released federal poverty level, has an effective date no later than July 1 of that year and that parent copayments do not exceed 10 percent of the family's income, regardless of the number of children in care. The DEL performs a sampling of different income levels and family size to confirm that the proposed parent copayments do not exceed the 10 percent level. If the ELC's proposed sliding fee scale does exceed 10 percent of family income, the ELC must provide justification

of how the sliding fee scale meets the federal requirement that the copayment be affordable, prior to approval of the proposed sliding fee scale by DEL.

- c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

During graduated phase-out, a copayment may be increased in increments up to 85% SMI when the family is no longer eligible. Incremental increases promote and support stability.

- d. Other.  
Describe:

**4.5.2. Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?**

No

Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

The state does not currently have a policy to address providers charging parents additional amounts above the required co-payment and it is not addressed in state statute and rule. Providers around the state have different practices on what they charge the parents. This has not hindered access to a large variety of care. All contracted SR Providers must inform parents prior to enrollment of any amount the provider charges in addition to the co-payment. Providers are required to indicate in their statewide contract if they do charge parents the difference.

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.

Of the 6,965 total CCDF providers, 5,394 (85%) providers charge a differential to

families. The OEL is in the process of making changes in the *School Readiness Provider Contract* and data system in order to capture data on size and frequency of these amounts.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

The statewide EFS Modernization system records if a provider charges the parent the differential between the private pay rates and the School Readiness rate paid by DEL. This question is part of the School Readiness contract that must be completed each year. An analysis for Federal Fiscal Year 2019-20 (October 2019 - September 2020). There were 5,394 providers out of the 6,965 reported on the ACF-800 that required the parents to pay the differential, or 85% of the providers. Estimates of the total differential paid by parents were made with the assumption that the providers that indicated they charged the differential charged all parents the entire differential, with no exceptions. This gave a maximum amount for the total differentials. DEL received input from the Coalitions that providers make exceptions and may partially or completely waive the differential. Since the differential may be different by child, and even different by month, then enhancements would need to be made to the EFS Modernization Attendance system to allow providers to enter the differential amount for each child for each payment month. This could be streamlined by allowing providers to set up a default differential payment rule for each child enrolled and only mark exceptions on the attendance roster. This will require significant changes to EFS Modernization, provider training, and provider data entry for each enrollment. These changes have not yet been made in EFS Modernization.

## 5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important



to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

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

## 5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

**5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.**

a. Center-based child care.

i. Identify the providers subject to licensing:

Child Care Facilities

ii. Describe the licensing requirements:

"Child care facility" includes any child care center or child care arrangement which provides child care for more than five children unrelated to the operator and which receives a payment, fee, or grant for any of the children receiving care, wherever operated, and whether or not operated for profit. The following are not included: (a) Public schools and nonpublic schools and their integral programs, except as provided

in s. 402.3025, F.S.; (b) Summer camps having children in full-time residence; (c) Summer day camps; (d) Bible schools normally conducted during vacation periods; and (e) Operators of transient establishments, as defined in chapter 509, which provide child care services solely for the guests of their establishment or resort, provided that all child care personnel of the establishment are screened according to the level 2 screening requirements of Chapter 435, F.S., *Employment Screening*.

iii. Provide the citation:

S. 402.302(2), F. S.; Chapter 65C-22, F.A.C.

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

Family Day Care Homes; Large Family Child Care Homes

ii. Describe the licensing requirements:

"Family day care home" means an occupied residence in which child care is regularly provided for children from at least two unrelated families and which receives a payment, fee, or grant for any of the children receiving care, whether or not operated for profit. Household children under 13 years of age, when on the premises of the family day care home or on a field trip with children enrolled in child care, shall be included in the overall capacity of the licensed home. A family day care home shall be allowed to provide care for one of the following groups of children, which shall include household children under 13 years of age: (a) A maximum of four children from birth to 12 months of age; (b) A maximum of three children from birth to 12 months of age, and other children, for a maximum total of six children; (c) A maximum of six preschool children if all are older than 12 months of age; and (d) A maximum of 10 children if no more than 5 are preschool age and, of those 5, no more than 2 are under 12 months of age. "Large family child care home" means an occupied residence in which child care is regularly provided for children from at least two unrelated families, which receives a payment, fee, or grant for any of the children receiving care, whether or not operated for profit, and which has at least two full time child care personnel on the premises during the hours of operation. One of the two full-time child care personnel must be the owner or occupant of the residence. A large family child care home must first have operated as a licensed family day care home for 2 years, with an operator who has had a child development associate credential or its equivalent for 1 year,

before seeking licensure as a large family child care home. Household children under 13 years of age, when on the premises of the large family child care home or on a field trip with children enrolled in child care, shall be included in the overall capacity of the licensed home. A large family child care home shall be allowed to provide care for one of the following groups of children, which shall include household children under 13 years of age: (a) A maximum of 8 children from birth to 24 months of age, and (b) A maximum of 12 children, with no more than 4 children under 24 months of age.

iii. Provide the citation:

S. 402.302(8), F.S., Chapter 65C-20, F.A.C.; s. 402.302(11), F.S.; Chapter 65C-20, F.A.C.

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

**5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.**

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

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

Religious exempt child care facilities (s. 402.316, F.S.) exempt from licensure are an allowable provider type; however, these providers must meet personnel screening requirements pursuant to ss. 402.305 and 402.3055, F.S., must be accredited by or a member of an organization which publishes and requires compliance with standards for health, safety and sanitation, and must also meet minimum requirements of any applicable local governing body as to health, sanitation and safety. Public school programs for children in 5-year old kindergarten and grades one or above and programs for children who are at least 3 years of age, but under 5 years of age, provided the programs are operated and staffed directly by the schools and provided they meet age-appropriate standards as adopted by the State Board of Education, are not deemed child care and are exempt from licensure. Nonpublic school programs for children in 5-year-old kindergarten and grades one or above and programs for children who are at least 3 years of age, but under 5 years of age, provided the programs are operated and staffed directly by the schools and provided that a majority of the children enrolled in the schools are 5 years of age or older and provide the programs meet background screening requirements for personnel, are not deemed child care and are exempt from licensure. However, nonpublic school programs for children who are at least 3 years of age, but under 5 years of age, which are not licensed, must substantially comply with child care standards. These programs, as described, are allowable provider types.

[ii. Provide the citation to this policy:](#)

S. 402.316, F.S.; s.402.305, F.S.; Rule 6M-4.620, F.A.C.

[iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.](#)

Center-based child care programs exempt from licensure under s. 402.316, F.S., are required to be accredited by an agency that has set minimum standards for health and safety and ensures the program maintains compliance with these standards. License-exempt providers are also required to complete background screening in accordance with s. 402.305, F.S. Public and Nonpublic School Programs, as defined in s. 402.305, F.S., which are operated and staffed directly by the school must comply with State Board of Education standards. All license-exempt child care programs that provide CCDF services must meet minimum standards for health, safety and sanitation set in Rule 6M-4.620, F.A.C., and must complete an annual inspection to verify compliance

with these minimum standards. Registered family day care homes exempt from licensure are required to complete an annual health and safety checklist as part of their annual registration renewal. Registered family day care homes that provide CCDF services must meet minimum standards for health, safety and sanitation, and must complete an annual inspection to verify compliance with minimum standards. Informal child care providers that provide CCDF services must meet minimum standards for health, safety and sanitation, and must complete an annual inspection to verify compliance with minimum standards.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

Family child care homes can be licensed or registered: Family child care homes shall be licensed if existing county licensing ordinance or if the board of county commissioners passes a resolution that the family day care homes must be licensed. Other family day care homes may choose to be licensed. Currently, 15 counties in Florida require family child care homes to be licensed. Registered Family Day Care Homes (s. 402.313, F.S.): If not subject to licensure, family day care homes must register annually with DCF. Family day care home means an occupied residence in which child care is regularly provided for children from at least two unrelated families and which receives a payment, fee, or grant for any of the children receiving care, whether or not operated for profit.

ii. Provide the citation to this policy:

S. 402.313, F.S

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Registered family day care homes exempt from licensure are required to complete an annual health and safety checklist as part of their annual registration renewal. Registered family day care homes that provide CCDF services must meet minimum

standards for health, safety and sanitation, and must complete an annual inspection to verify compliance with minimum standards.

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

Informal providers, defined as persons who provide care for eligible children from only one family who are, by marriage, blood relationship, or court decree, the grandchild, great grandchild, sibling (if such provider lives in a separate residence), niece, or nephew of such provider, are not required to be licensed. However, if the informal provider receives CCDF funding, they must meet the same health, safety, sanitation, screening and inspection requirements as family day care home providers.

ii. Provide the citation to this policy:

[Rule 6M-4.620, F.A.C.](#)

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

All license-exempt child care programs that provide CCDF services must meet minimum standards for health, safety and sanitation set in [Rule 6M-4.620, F.A.C.](#), and must complete an annual inspection to verify compliance with these minimum standards. Registered family day care homes exempt from licensure are required to complete an annual health and safety checklist as part of their annual registration renewal. Registered family day care homes that provide CCDF services must meet minimum standards for health, safety and sanitation, and must complete an annual inspection to verify compliance with minimum standards. Informal child care providers that provide CCDF services must meet minimum standards for health, safety and sanitation, and must complete an annual inspection to verify compliance with minimum standards.

## 5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

### **5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.**

a. Infant. Describe:

Children from birth to 1 year of age

b. Toddler. Describe:

Children from 1 to 3 years of age

c. Preschool. Describe:

Children age 3 years to 5 years old

d. School-Age. Describe:

Children who are at least 5 years of age by September 1 of the beginning of school year and who are enrolled in and attending a kindergarten program or grades above

### **5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

1:4

B. Group size:

maximum of 12

ii. Toddler

A. Ratio:

1:6 for children age 1 year to 2 years of age; 1:11 for children age 2 years to 3 years of age

B. Group size:

maximum of 12 for children age 1 year to 2 years of age; maximum of 22 for children age 2 years to 3 years of age

iii. Preschool

A. Ratio:

1:15 for children age 3 years to 4 years old; 1:20 for children age 4 years to 5 years old

B. Group size:

maximum of 30 for children age 3 years to 4 years old; maximum of 40 for children age 4 years to 5 years old

iv. School-age

A. Ratio:

1:25



B. Group size:

maximum of 50

v. Mixed-Age Groups (if applicable)

A. Ratio:

When children 2 years of age and older are in care, the staff-to-children ratio is based on the age group with the largest number of children within the group (s. 402.305(4) (a) 7., F.S.). Where children under one year of age are included, one staff member shall be responsible for no more than four children of any age group, at all times. Where children one year of age but under two years of age are included, one staff member shall be responsible for no more than six children of any age group, at all times (DCF [Rule 65C-22.001\(4\)\(b\), F.A.C.](#)).

B. Group size:

In groups of mixed age ranges, where children under two years of age are included, the group size for the youngest population within the group applies. In groups of mixed age ranges where all children are two years of age or older, the group size for the majority population present within the group applies.

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

The required standards for ratio and group size are uniform for both licensed and license-exempt CCDF providers.

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. Ratio:

Family day care home ratio is based on one care giver (operator or substitute) and

allows a maximum of 10 children (1:10) if no more than five are preschool age, and of those five, no more than two are under 12 months of age. Large family child care home ratio is based on two care givers (operator and an employee) and allows a maximum of 12 children (2:12) with no more than 4 children under 24 months of age.

**B. Group size:**

Family day care home ratio is based on one care giver (operator or substitute) and allows a maximum of 10 children if no more than five are preschool age, and of those five, no more than two are under 12 months of age. Large family child care home ratio is based on two care givers (operator and an employee) and allows a maximum of 12 children with no more than 4 children under 24months of age.

**ii. Infant**

**A. Ratio:**

Family day care homes - 1:4; Large family child care homes - 2:8

**B. Group size:**

Family day care homes - A maximum of four children birth through 12 months of age; Large family child care homes - A maximum of 8 children from birth to 24 months of age

**iii. Toddler**

**A. Ratio:**

Family day care homes - 1:6; Large family child care homes - 2:8

**B. Group size:**

Family day care homes - A maximum of six children, with no more than three children birth to 12 months of age; Large family child care homes - A maximum of 8 children from birth to 24 months of age

**iv. Preschool**

A. Ratio:

Family day care homes - 1:6; Large family child care homes - 2:12

B. Group size:

Family day care homes - A maximum of 6 preschool children if they are all older than 12 months of age; Large family child care homes - A maximum of 12 children, with no more than 4 children under 24 months of age

v. School-age

A. Ratio:

Family day care homes - 1:10; Large family child care homes - 2:12

B. Group size:

Family day care homes - A maximum of 10 children if no more than 5 are preschool age and of those 5, no more than 2 are under 12 months of age; Large family child care homes - A maximum of 12 children, with no more than 4 children under 24 months of age

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

The required standards for ratio and group size are uniform for both licensed and license-exempt CCDF providers.

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

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

i. Mixed-Age Groups (if applicable)

A. Ratio:

Same as ratios for licensed or registered family day care homes (above)

**B. Group size:**

Same as group sizes for licensed or registered family day care homes (above)

**ii. Infant (if applicable)**

**A. Ratio:**

Same as ratios for licensed or registered family day care homes (above). If caring for infants only, the maximum number of children allowed in care is four (4).

Household children under 13 years of age, when on premises of the family day care home, shall be included in the overall capacity of the home.

**B. Group size:**

Same as group sizes for licensed or registered family day care homes (above). If caring for infants only, the maximum number of children allowed is four (4).

Household children under 13 years of age, when on premises of the family day care home, shall be included in the overall capacity of the home.

**iii. Toddler (if applicable)**

**A. Ratio:**

Same as ratios for licensed or registered family day care homes (above).

Household children under 13 years of age, when on premises of the family day care home, shall be included in the overall capacity of the home.

**B. Group size:**

Same as group sizes for licensed or registered family day care homes (above).

Household children under 13 years of age, when on premises of the family day care home, shall be included in the overall capacity of the home.

**iv. Preschool (if applicable)**

**A. Ratio:**

Same as ratios for licensed or registered family day care homes (above).

Household children under 13 years of age, when on premises of the family day

care home, shall be included in the overall capacity of the home.

**B. Group size:**

Same as group sizes for licensed or registered family day care homes (above). Household children under 13 years of age, when on premises of the family day care home, shall be included in the overall capacity of the home.

**v. School-age (if applicable)**

**A. Ratio:**

Same as ratios for licensed or registered family day care homes (above). If caring for school-aged children only, the maximum number of children in care can be 10. Household children under 13 years of age, when on premises of the family day care home, shall be included in the overall capacity of the home.

**B. Group size:**

Same as group sizes for licensed or registered family day care homes (above). If caring for school-aged children only, the maximum number of children in care can be 10. Household children under 13 years of age, when on premises of the family day care home, shall be included in the overall capacity of the home.

**vi. Describe the ratio and group size requirements for license-exempt in-home care.**

Ratio: Same as ratios for licensed or registered family day care homes (above). Group size: Same as group sizes for licensed or registered family day care homes (above).

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

**a. Licensed Center-Based Care**

**i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:**

Minimum child care personnel requirements are established in s. 402.305(2)(c), F.S., for licensed programs, and in [Rule 6M-4.620, F.A.C.](#), for all CCDF providers, prohibit

a

person under the age of 21 from being the operator of a child care facility and a person under the age of 16 from being employed at such facility unless such person is under direct supervision and is not counted for the purposes of computing the personnel-to-child ratio. There are no minimum education requirements for personnel. However, pursuant to [Chapter 65C-22, F.A.C.](#), all child care personnel in licensed facilities must successfully complete DCF's 40-hour *Introductory Child Care Training*, which is divided into two parts. Part I is comprised of 30 hours of training and covers child care facility rules and regulations, health, safety and nutrition, identifying and reporting child abuse and neglect, child growth and development and behavioral observation and screening. Part II is comprised of 10 hours of training related to general developmentally appropriate practices and age-specific training courses. All licensed center child care personnel must also complete a single course of training in early literacy and language development of children ages birth through 5 years of age that is a minimum of five-clock-hours. All licensed center child care personnel must complete fire extinguisher training within their first 30 days of employment. Additional training requirements based on the services provided by the center include: safe sleep training if the program provides infant care services; and medication administration/storage training if the program administers medication to children in care. *First Aid/CPR certification* is required for a minimum of one personnel who is on the premises and available during the center's operating hours. By December 31, 2021, a specific number of staff on site at the facility will be required to have *First Aid/CPR training and certification*. Annual in-service training requirements include a minimum of 10-clock-hours of training concentrating on one of 22 designated training topic areas set in s. 402.305(2)(d)(4), F.S., and [Chapter 65C-22.001\(6\), F.A.C.](#) All CCDF providers must complete preservice training requirements established in [Rule 6M-4.620, F.A.C.](#), within 90 days of employment and may not be unsupervised with children in care until preservice training requirements are complete. In infant classrooms where there are 5 to 8 children present, one of the teachers needed to meet ratio requirements must have an active credential (Child Development Associate or its equivalent), as recognized by DCF. In infant classrooms where there are 9 to 12 children present, two of the three teachers needed to meet ratio requirements must have an active credential. In classrooms where 7 to 12 toddler children aged 1 year old are present, one of the teachers needed to meet ratio requirements must have an active credential, as recognized by DCF. In classrooms where 12 to 22 toddler children aged 2 years old are present, one of the teachers needed to meet ratio

requirements must have an active credential. In classrooms where 16 to 30 preschool children aged 3 years old are present, one of the teachers needed to meet ratio requirements must have an active credential, as recognized by DCF. In classrooms where 21-40 preschool children ages 4 to 6 are present, one of the teachers needed to meet ratio requirements must have an active credential. In classrooms where 26 to 50 school-age children ages 5 and older are present, one of the teachers needed to meet ratio requirements must have an active credential, as recognized by DCF.

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:

Pursuant to s. 402.305(2), F.S., every licensed child care facility must have a credentialed director. The director credential core requirements include the following: active staff credential; accredited high school diploma or GED; 30 clock-hour introductory course in child care, which covers state and local rules and regulations governing child care, health, safety and nutrition, identifying and reporting child abuse and neglect; child development; developmental behaviors; early literacy and language development of children from birth to 5 years of age; and 8 hours of in-service training regarding children with developmental disabilities.

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

Child care personnel employed at license-exempt facilities are required to complete eight health and safety training modules totaling 12 clock hours. The training modules cover Health & Sanitation; Safety in the Environment; Safe Sleep Practices; Precautions in Transporting Children; Child Safety and Prevention; Planning for Emergencies; Preventing Child Abuse and Supporting Children in Trauma; and Supporting Social-Emotional Development for Infants & Toddlers, Preschoolers or School-Age Children.

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

<https://www.myflfamilies.com/service-programs/child-care/training.shtml>

## b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

Pursuant to DCF Rules [Chapter 65C-20, F.A.C.](#), for licensed child care homes, and [Rule 6M-4.620, F.A.C.](#), for all CCDF child care homes, the operator of a large family child care home must be at least 21 years of age and both the additional full-time employee and designated substitute must be at least 18 years of age. There are no minimum education requirements for family child care home personnel. However, a large family child care home must first have operated as a licensed family day care home for 2 years, with an operator who has had a child development associate credential or its equivalent for one year. Prior to licensure and prior to caring for children, the operator of a family child care home must show evidence of completion of DCF's 30 clock-hour *Family Child Care Home* training, covering state and local rules and regulations governing child care; health, safety and nutrition; identifying and reporting child abuse and neglect; child growth and development; developmental behaviors. In addition, operators must complete a minimum of 5 clock-hours of training in early literacy and language development of children ages birth through 5 years. Annual in-service training requirements include a minimum of 10 clock-hours of training concentrating on children ages birth through 12 and in one of 22 designated training topic areas set in ss. 402.313, 402.3131, F.S., and DCF Rule [65C-20.008\(6\), F.A.C.](#) Additionally, within six months of licensure the operator of a large family child care home must complete 10 clock-hours of specialized training. All child care home operators, substitutes, and employees of large family child care homes must complete fire extinguisher training. Additional training requirements based on the services provided by the home include: safe sleep training if the home provides infant care services; and medication administration/storage if the home administers medication to children in care. First Aid/CPR certification is required for the home operator and substitute. By June 12, 2021, employees of large family child care homes will also be required to have *First Aid/CPR* training and certification. All CCDF providers must complete preservice training requirements established in [Rule 6M-4.620, F.A.C.](#), within 90 days of employment and may not be unsupervised with children in care until preservice training requirements are complete.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

For license-exempt registered family day care providers, the operator must be at least



18 years of age and a resident of the family home. All designated substitutes for the family day care home must also be at least 18 years of age. There are no minimum education requirements for the operator or substitutes of a family day care home. However, prior to registration, all registered family day care home operators must successfully complete DCF's 30-clock-hour Family Child Care Home Training covering state and local rules and regulations governing child care; health, safety and nutrition; identifying and reporting child abuse and neglect; child growth and development; and developmental behaviors. In addition, operators must complete a minimum of five clock hours of training in early literacy and language development of children ages birth through 5 years. In-service training requirements include a minimum of 10 clock hours of annual in- service training concentrating on children ages birth through 12 and in one of 22 designated training topic areas. Substitutes in registered family day care homes are not required to complete the 30 clock-hour training or the literacy training. Registered family day care homes that provide CCDF services must ensure that the operator and all designated substitutes have completed preservice training requirements within 90 days and prior to caring for children unsupervised.

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

<https://www.myflfamilies.com/service-programs/child-care/training.shtml>

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

For license-exempt registered family day care providers, the operator must be at least 18 years of age and a resident of the family home. All designated substitutes for the family day care home must also be at least 18 years of age. There are no minimum education requirements for the operator or substitutes of a family day care home. However, prior to registration, all registered family day care home operators must successfully complete DCF's 30 clock-hour Family Child Care Home Training covering state and local rules and regulations governing child care; health, safety and nutrition; identifying and reporting child abuse and neglect; child growth and development; and developmental behaviors. In addition, operators must complete a minimum of five-clock- hours of training in early literacy and language development of children ages

birth through 5 years. In-service training requirements include a minimum of 10 clock-hours of annual in-service training concentrating on children ages birth through 12 and in one of 22 designated training topic areas. Substitutes in registered family day care homes are not required to complete the 30 clock-hour training or the literacy training.

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

N/A

### 5.3 Health and Safety Standards and Training for CCDF Providers

#### 5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

### **5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Licensed child care programs, as well as programs serving children receiving CCDF assistance, are required to observe children daily for signs of health and communicable disease. If any child, personnel or other person in the program facility is suspected of having a communicable disease, they must be removed from the program or placed in an isolation area that meets certain health and sanitation requirements. Program operators are required to immediately notify their local county health department of any suspected outbreak of a communicable disease. Programs must obtain documentation of current health exams and immunizations, or equivalent religious exemption, for all children within 30 days of enrollment.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C.

Facility Handbook - [https://www.myffamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20\(Proposed\).pdf](https://www.myffamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20(Proposed).pdf) ;  
School Age Facility Handbook - <https://www.myffamilies.com/service-programs/child-care/docs/School-Age-Child-Care-Licensing-Handbook.pdf>  
Family Day Care Home/Large Child Care Home Handbook -  
<https://www.myffamilies.com/service-programs/child-care/docs/FamilyChildCareHomeLicensingHandbook.pdf?d=2021-3-19>

Programs serving school-age children who attend public or non-public schools are not required to obtain documentation of current health exams and immunizations for these children, since these records are on file at the school where the child is enrolled. There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

- Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections*, effective 10/24/2016; Sections 12 and 13, pages 27-30; Section 19.2, pages 45-46.
- DCF Rule 65C-22, F.A.C., *Child Care Facility Classification Summary*; section 35, pages 23-24. *Child Care Facility Handbook* effective December 2019; section 6, pages 53-54. *School-Age Child Care Facility Handbook* effective May 2019; section 6, pages 47-48.
- DCF Rule 65C-20, F.A.C., *FDCH Classification Summary*; section 28, page 19-20. *LFCCCH Classification Summary*; section 29, page 22-23, *FDCH/LFCCCH Handbook* effective May 2019; Section 7.23, pages 44-45.

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections*; *School Readiness Health and Safety Handbook* (by provider type - Section 18 for Center-Based Programs and Section 17 for Homes And Informal Care).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All CCDF providers and their personnel must complete preservice training requirements within 90 days of employment and prior to having unsupervised access to children in care. Licensed child care providers and their personnel must complete safe sleep training (if infant care is provided), medication administration/storage training (if medication is administered to children in care), and fire extinguisher training within 30 days of employment. All operators/owners of licensed and registered family child care homes must have trainings complete prior to licensure/registration.

**Licensed child care centers:** 12 hours or 24 hours, depending on option chosen. Additionally, licensed child care programs must complete fire extinguisher training, medication administration/storage training (if medication is administered to children in care), and safe sleep training (if infant care is provided). Each of these additional required trainings for licensed providers range from 1 to 4 hours, depending on the specific training selected by the provider.

**Licensed family child care homes:** 30 hours for owners/operators; 12 or 24 hours for substitutes/employees, depending on the option chosen. Additionally, licensed child care programs must complete fire extinguisher training, medication administration/storage training (if medication is administered to children in care), and safe sleep training (if infant care is provided). Each of these additional required trainings for licensed providers range from 1 to 4 hours, depending on the specific training selected by the provider.

**In-home care:** 12 or 24 hours, depending on the option chosen; however, Safe Sleep preservice training is not required for in-home providers providing care to only school-age children and Transportation preservice training is only applicable to those providers that provide transportation services to children in care.

**Exempt providers:** 12 or 24 hours, depending on the option chosen; however, Safe Sleep preservice training is not required for school-age only program settings and Transportation preservice training is only applicable to those providers that provide transportation services to children in care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Notification of new training via email and information is posted on DCFs' *News and Announcements* web page, and on the OEL web page and through announcements to ELCs for the OEL *Health & Safety Modules*.

### 5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Nap and Sleep Spaces/Safe Sleep Practices: Programs must have designated areas, a minimum of 18 inches apart, where each child in care can sit quietly or lie down. Napping and sleeping spaces must not be under, behind or against furniture that may create a hazard, and must not interfere with exit areas. Children up to one year of age must nap and sleep in an individual crib, port-a-crib or play yard that meets federal construction regulations. No double or multi-deck cribs, cots or beds may be used. Additionally, when napping or sleeping, all infants in care must be positioned on their back and on a firm surface to reduce the risk of Sudden Infant Death Syndrome (SIDS), unless an alternative sleeping position is authorized in writing by a physician, documentation of which must be maintained in the child's file.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C., which includes safe sleep training for all program personnel working at a program that offers infant care within 30 days of employment and specific standards for safe-sleep practices to prevent sudden infant death syndrome. This standard does not apply to school-age only programs.

- -DCF Rule 65C-22, F.A.C., *Child Care Facility Classification Summary*; sections 33, page 20; *Child Care Facility Handbook* effective effective December 2019.
- -DCF Rule 65C-20, F.A.C.; *FDCH Classification Summary*; section 7, page 5; *LFCCCH Classification Summary*; section 8, page 6; [FDCH/LFCCCH Handbook](#) effective May 2019.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections*, enforces compliance with standards outlined in the provider-type specific health and safety checklist(s) or corresponding handbook(s). Non-compliance to standards as identified by the licensing agency is forwarded to the appropriate ELC for corrective action, probation, or termination in accordance with enforcement procedures outlined in the corresponding provider-type specific handbook and the *Statewide Provider Contract* for the SR Program adopted pursuant to Rule 6M-4.610, F.A.C.

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

- [Rule 6M-4.620, F.A.C.](#), *Health and Safety Checklists and Inspections*; *School Readiness Health and Safety Handbook* (by provider type) - Section 10.4 pg. 24 and Section 18 for center-based programs and Sections 9.4 pg.19 and Section 17 for homes and informal care.
- -DCF [Rule 65C-22, F.A.C.](#), *Child Care Facility Classification Summary*; sections 18-20, pages 9-10. [Child Care Facility Handbook](#) effective December 2019.
- -[DCFRule 65C-20, F.A.C.](#), *FDCH Classification Summary*; section 16, page 10. *LFCCCH Classification Summary*; section 17, page 12, [FDCH/LFCCCH Handbook](#) effective May 2019.
- -For additional requirements see [DCFRules 65C-22.001\(6\), F.A.C.](#), General Requirements, [65C-22.010, F.A.C.](#), *Enforcement and 65C-20.012, F.A.C.*,

*Enforcement.*

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C., which includes safe sleep training for all program personnel working at a program that offers infant care within 30 days of employment and specific standards for safe-sleep practices to prevent sudden infant death syndrome. - DCF [Rule 65C-22, F.A.C.](#), *Child Care Facility Classification Summary*; sections 33, page 20. [Child Care Facility Handbook](#) effective December 2019.

- DCF [Rule 65C-20, F.A.C.](#), *FDCH Classification Summary*; section 7, page 5. *LFCCCH Classification Summary*; section 8, page 6, [FDCH/LFCCCH Handbook](#) effective May 2019.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Notification of new training via email and information is posted on the DCFs' *News and Announcements* web page, and on the DEL web page and through announcements to ELCs for the DEL *Health & Safety Modules*.



### 5.3.3 Administration of medication, consistent with standards for parental consent.

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Medication - Programs are not required to administer medication; however, if they choose to do so, they must follow certain procedures. Prior to administration of any prescription or nonprescription medication, the program must have written authorization, which includes certain information, from the parent or legal guardian of the child. All medication brought to the program by the parent or legal guardian must be in its original container with label and instructions. Additionally, all medication must be stored as to prevent access by children and must have child-resistant caps. Medication that either has expired or is no longer being administered must be returned to the parent or legal guardian of the child, or properly disposed of if the child is no longer enrolled in the program. Lastly, the program must maintain proper documentation of all medication dispensed.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C., which includes training on medication administration and storage for all program personnel that administer medication prior to administration.

- -DCFRule 65C-22, F.A.C., *Child Care Facility Classification Summary; section 40, pages 24- 25. Child Care Facility Handbook effective December 2019.*
- DCF Rule 65C-20, F.A.C., *FDCH Classification Summary; sections 29 & 30, pages 18-20. LFCCH Classification Summary; sections 30 & 31, pages 21-22. FDCH/LFCCH Handbook effective May 2019.*

There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. [Rule 6M-4.620, F.A.C.](#), *Health and Safety Checklists and Inspections*, effective February 2017; Section 16, page 35. [Rule 65C-22, F.A.C.](#), *Child Care Facility Classification Summary*; sections 40, pages 26-28. *Child Care Facility Handbook* effective December 2019; section 6.5, pages 55. *School-Age Child Care Facility Handbook* effective May 2019; section 6.5, pages 49. [Rule 65C-20, F.A.C.](#), *FDCH Classification Summary*; section 29, pages 20-21. *LFCCCH Classification Summary*; section 30, pages 23-24, *FDCH/LFCCCH Handbook* effective May 2019; Section 7.24, pages 45.

Non-compliance to standards as identified by the licensing agency is forwarded to the appropriate ELC for corrective action, probation, or termination in accordance with enforcement procedures outlined in the corresponding provider-type specific handbook and the *Statewide Provider Contract* for the SR Program adopted pursuant to [Rule 6M-4.610, F.A.C.](#), *Statewide Provider Contract for the School Readiness Program*.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

[Rule 6M-4.620, F.A.C.](#), *Health and Safety Checklists and Inspections*; *School Readiness Health and Safety Handbook* (by provider type - Section 18 for center-based programs and Section 17 for homes and informal care.) For additional training requirements for licensed programs: DCF [Rule 65C-22.001\(6\), F.A.C.](#), [Child Care Facility Handbook](#) .

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C., which includes training on medication administration and storage for all program personnel that administer medication prior to administration.

- -DCF Rule 65C-22, F.A.C., *Child Care Facility Classification Summary*; section 40, pages 24- 25. [Child Care Facility Handbook](#) effective December 2019.
- -DCF Rule 65C-20, F.A.C., *FDCH Classification Summary*; sections 29 & 30, pages 18-20. *LFCCCH Classification Summary*; sections 30 & 31, pages 21-22. [FDCH/LFCCCH Handbook](#) effective May 2019.

There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Notification of new training via email and information is posted on the DCFs' *News and Announcements* web page, and on the DEL web page and through announcements to ELCs for the DEL *Health & Safety Modules*.

### 5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Standards related to the prevention of emergencies specific to allergic reactions from medication include: documentation regarding any known allergies to medication or

special restrictions must be maintained in the child's file, shared with staff and posted with the child's stored medication. Standards related to the prevention of emergencies specific to food and allergic reactions include: If a special diet, including a special diet related to food allergies, is required for any child, a copy of the diet and a sample meal plan for the diet must be maintained in the child's file and followed at all times. Written documentation of any food allergies must also be maintained in the child's file for as long as the child is in care. Special food restrictions must be shared with staff and must be posted in an easily seen location. Standards related to the response of emergencies, including those due to food and allergic reactions, are outlined in the Emergency Procedures and Notification section of the *Health and Safety Handbook*. Specifically, programs must notify the custodial parent or legal guardian in the event of any emergency and must follow their instructions regarding action to be taken, including when the child is having an allergic reaction.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C.

- <https://www.myflfamilies.com/service-programs/child-care/docs/FamilyChildCareHomeLicensingHandbook.pdf?d=2021-3-19>
- <https://www.myflfamilies.com/service-programs/child-care/docs/School-Age-Child-Care-Licensing-Handbook.pdf>
- [https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20\(Proposed\).pdf](https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20(Proposed).pdf)

There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. Rule 6M-4.620, F.A.C. *Health and Safety Checklists and Inspections*, enforces compliance with standards outlined in the provider-type specific health and safety checklist(s) or corresponding handbook(s). Non-compliance to standards as identified by the licensing agency is forwarded to the appropriate ELC for corrective action,

probation, or termination in accordance with enforcement procedures outlined in the corresponding provider-type specific handbook and the *Statewide Provider Contract* for the SR Program adopted pursuant to Rule 6M-4.610, F.A.C. Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections*, effective February 2017; Section 15, numbers 2 and 3, page 34, Section 16, number 2, page 35 and Section 17.3, number 8., page 39; Rule 65C-22, F.A.C., *Child Care Facility Classification Summary*; sections 25 & 40, pages 16 & 26. *Child Care Facility Handbook* effective December 2019; sections 3.9.3 & 6.5, pages 31 & 55. *School-Age Child Care Facility Handbook* effective May 2019; sections 3.9.3 & 6.5, pages 29 & 49. Rule 65C-20, F.A.C., *FDCH Classification Summary*; sections 20 & 30, pages 13 & 21. *LFCCCH Classification Summary*; sections 21 & 31, pages 15 & 24. *FDCH/LFCCCH Handbook* effective May 2019; Sections 7.14 & 7.24, pages 38 & 45.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

- Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections*; *School Readiness Health and Safety Handbook* (by provider type) - Section 18 for center-based programs and Section 17 for homes and informal care and Section 15, numbers 2 and 3, page 34, Section 16, number 2, page 35 and Section 17.3, number 8., page 39 for center-based programs and Section 14 numbers 3 and 4, pg. 27, Section 15, number 2, and Section 16.1, number 7, pg. 29 for homes and informal care.

- DCF Rule 65C- 22, F.A.C., *Child Care Facility Classification Summary*; sections 25 & 40, pages 15 & 24. *Child Care Facility Handbook* effective December 2019. *School-Age Child Care Facility Handbook* effective February 2017; sections 3.9.3 & 5.6, pages 27 & 40

- -DCF Rule 65C-20, F.A.C., *FDCH Classification Summary*; sections 20 & 30, pages 12 & 19. *LFCCCH Classification Summary*; sections 21 & 31, pages 14 & 22. *FDCH/LFCCCH Handbook* effective May 2019.

- For additional training requirements see DCF [Rules 6M-4.620, F.A.C.](#), *Health and Safety Checklists and Inspections*, [65C-22.010, F.A.C.](#), *Enforcement*, [65C-20.012, F.A.C.](#), *Enforcement*, and 65C-22.001(6), F.A.C.,

- [Child Care Facility Handbook](#)

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ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status

(i.e. licensed, license-exempt), or the age of the children in care?

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C.

- <https://www.myflfamilies.com/service-programs/child-care/docs/FamilyChildCareHomeLicensingHandbook.pdf?d=2021-3-19>
- <https://www.myflfamilies.com/service-programs/child-care/docs/School-Age-Child-Care-Licensing-Handbook.pdf>
- [https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20\(Proposed\).pdf](https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20(Proposed).pdf)

There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Notification of new training via email and information is posted on DCFs' *News and Announcements* web page, and on the DEL web page and through announcements to ELCs for the DEL *Health & Safety Modules*.

### **5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Physical Environment and Equipment and Furnishings: These standard sections set program procedures and requirements for general physical premises safety, as well as lighting, windows and screens, temperature and ventilation, nap and sleep spaces and safe sleep practices, exits areas, bathrooms and sinks, outdoor and indoor play areas, fencing, and all indoor/outdoor equipment, toys and furnishings. In general, the standards require that all program facilities must at all times be clean, in good repair, and free from vermin and all fire, health and safety hazards. No portion of the program facility can be used for any activity that endangers the health and safety of the children in care. The standards also set procedures and requirements for storage and use of potentially harmful or hazardous materials, cleaning, pest control, animals on premises including vaccination and notification, prohibition of smoking on premises and notification, and firearms and weapons.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C. Although the topic areas covered are the same, the standards for family child care homes and in-home care vary from those set for child care centers to address and accommodate the unique setting and environment of home care.

- <https://www.myflfamilies.com/service-programs/child-care/docs/FamilyChildCareHomeLicensingHandbook.pdf?d=2021-3-19>
- <https://www.myflfamilies.com/service-programs/child-care/docs/School-Age-Child-Care-Licensing-Handbook.pdf>
- [https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20\(Proposed\).pdf](https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20(Proposed).pdf)

There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the

standard(s), including citations for both licensed and license-exempt providers.

- Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections* effective February 2017, Sections 10 and 11, pages 22-27 for center based programs and Sections 9 and 10 pgs. 16-21 for homes and informal care
- DCF Rule 65C- 22, F.A.C., *Child Care Facility Classification Summary*; sections 12-21, pages 6-11. *Child Care Facility Handbook* effective December 2019. *School-Age Child Care Facility Handbook* effective February 2017; section 3, pages 15-20
- DCF Rule 65C-20, F.A.C., *FDCH Classification Summary*; sections 9-20, pages 6-13. *LFCCCH Classification Summary*; sections 10-21, pages 7-15. *FDCH/LFCCCH Handbook* effective May 2019.
- -For additional requirements see DCF [Rules 6M-4.620, F.A.C.](#) , [65C-22.010 , F.A.C.](#) , *Enforcement* and [65C-20.012, F.A.C.](#) , *Enforcement*.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections*; *School Readiness Health and Safety Handbook* (by provider type) - Section 18 for center-based programs and Section 17 for homes and informal care). For additional training requirements for licensed programs: Rule 65C-22.001(6), F.A.C., [Child Care Facility Handbook](#).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C. Although the topic areas covered are the same, the standards for family child care homes and in-home care vary from those set for child care centers to address and accommodate the unique setting and environment of home care.

- <https://www.myflfamilies.com/service-programs/child-care/docs/FamilyChildCareHomeLicensingHandbook.pdf?d=2021-3-19>
- <https://www.myflfamilies.com/service-programs/child-care/docs/School-Age-Child-Care-Licensing-Handbook.pdf>
- [https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20\(Proposed\).pdf](https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20(Proposed).pdf)



There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Notification of new training via email and information is posted on DCFs' *News and Announcements* web page, and on the DEL web page and through announcements to ELCs for the DEL *Health & Safety Modules*.

### 5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Child Discipline - Each SR program must have written policies and procedures regarding discipline and expulsion of children in care. These policies must include standards that prohibit any form of discipline that is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or other form of physical punishment is prohibited whether associated with discipline or not, including but not limited to,

shaking, lifting or jerking by one or both arms, pushing, pulling, forcing or restricting movement, lifting or moving by grasping clothing, or covering a child's head. Additionally, active play must not be withheld from children as a form of discipline or as a consequence for misbehavior. These policies and procedures should also include positive behavioral intervention models to guide the behavior of children by setting appropriate limits, teaching missing or developing skills, and encouraging children to choose positive behaviors. Policies and procedures regarding discipline and expulsion of children in care must be provided to parents/guardians upon enrollment of the child, with receipt verified by the parent/guardian's signature. Documentation of receipt (parent/guardian signature) must be maintained in the child's folder. In addition to the standards above which work to prevent child abuse, shaken baby syndrome and abusive head trauma, program personnel are required to complete preservice training regarding the prevention of child abuse and supporting children in trauma. This training includes awareness and prevention of shaken baby syndrome and abusive head trauma. Additionally, all program personnel must annually sign a *Child Abuse & Neglect Reporting Requirements* acknowledgement.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C.

- <https://www.myflfamilies.com/service-programs/child-care/docs/FamilyChildCareHomeLicensingHandbook.pdf?d=2021-3-19> ,
- <https://www.myflfamilies.com/service-programs/child-care/docs/School-Age-Child-Care-Licensing-Handbook.pdf>
- [https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20\(Proposed\).pdf](https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20(Proposed).pdf)

There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

- Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections*, effective

February 2017; Section 9, page 21, Section 18.2, page 41 and Section 19.4, number 3, page 47.

- DCF Rule 65C-22, F.A.C., *Child Care Facility Classification Summary*; section 11, pages 6. *Child Care Facility Handbook* effective December 2019; section 2.8, pages 18. *School-Age Child Care Facility Handbook* effective May 2019; section 2.8, page 17.
- DCF Rule 65C-20, F.A.C., *FDCH Classification Summary*; section 2, page 1. *LFCCCH Classification Summary*; section 2, page 1. *FDCH/LFCCCH Handbook* effective May 2019; Section 2.3, pages 10.

## b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections; School Readiness Health and Safety Handbook* (by provider type - Section 18 for center-based programs and Section 17 for homes and informal care).

For additional training requirements for licensed programs: Rule 65C-22.001(6), F.A.C., [Child Care Facility Handbook](#).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C.

- <https://www.myflfamilies.com/service-programs/child-care/docs/FamilyChildCareHomeLicensingHandbook.pdf?d=2021-3-19>,
- <https://www.myflfamilies.com/service-programs/child-care/docs/School-Age-Child-Care-Licensing-Handbook.pdf>
- [https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20\(Proposed\).pdf](https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20(Proposed).pdf)

There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or

during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Notification of new training via email and information is posted on DCFs' *News and Announcements* web page, and on the DEL web page and through announcements to ELCs for the DEL *Health & Safety Modules*.

**5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Fire Safety and Emergency Preparedness and Response - Although emergency preparedness plans will differ for each program according to their location, services offered and children served, all programs must have a written emergency preparedness plan unique to their program that includes, at a minimum, the program's

procedures for fire, evacuation, relocation, shelter-in-place, lockdown and inclement weather, such as hurricanes, tropical storms or tornadoes. The program's plan must address how the program will facilitate parent/guardian reunification both onsite and offsite and must also include accommodations for infants and toddlers (if applicable) and how the program will meet the needs of all children in their care (including children with special needs or chronic medical conditions) both during and following an emergency event. Special needs children include any child with an emotional, behavioral or learning disability or physical impairment that requires special services or accommodations. The emergency plan must address how the program will accommodate such children and their unique needs during an emergency event. Fire (evacuation) drills must be practiced monthly and each emergency drill must be practiced a minimum of one time per year, each while children are in care. A current attendance record must accompany staff during all drills or an actual emergency to account for all children and staff. These standards also outline requirements regarding documentation of drills and maintenance of such documentation.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

- Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections*, effective February 2017; Sections 14 and 15, pages 32-34
- DCF Rule 65C-22, F.A.C., *Child Care Facility Classification Summary*; section 23, pages 13-14. *Child Care Facility Handbook* effective December 2019; section 3.8, pages 26-28. *School-Age Child Care Facility Handbook* effective May 2019; section 3.8, pages 24-27
- DCF Rule 65C-20, F.A.C., *FDCH Classification Summary*; section 27, pages 18-19. *LFCCH Classification Summary*; section 28, pages 20-22. *FDCH/LFCCH Handbook* effective May 2019; Section 7.21 & 7.22, pages 42-43

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

- Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections; School Readiness Health and Safety Handbook* (by provider type - Section 18 for center-based programs and Section 17 for homes and informal care)
- For additional training requirements for licensed programs; Rule 65C-22.001(6), F.A.C., [Child Care Facility Handbook](#)

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C. For family child care homes, fire drills must be conducted a minimum of 10 times each year.

- <https://www.myflfamilies.com/service-programs/child-care/docs/FamilyChildCareHomeLicensingHandbook.pdf?d=2021-3-19>
- <https://www.myflfamilies.com/service-programs/child-care/docs/School-Age-Child-Care-Licensing-Handbook.pdf>
- [https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20\(Proposed\).pdf](https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20(Proposed).pdf)

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the

standards above.

Notification of new training via email and information is posted on DCFs' *News and Announcements* web page, and on the DEL web page and through announcements to ELCs for the DEL *Health & Safety Modules*.

### 5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All potentially harmful or hazardous items and materials must be labeled and must be in a locked area or inaccessible and out of children's reach at all times. Regarding the storage of hazardous materials, all areas and surfaces accessible to children must be free from toxic substances, bio-contaminants, and hazardous or harmful materials, equipment and tools at all times. The use of hazardous materials, such as during cleaning or pest control, is prohibited while rooms are occupied with children. Bio-contaminants such as soiled diapers, clothing and linens must be disposed of in plastic lined, securely covered containers and kept inaccessible to children in care. Additionally, health and sanitation standards ensure other bio- contaminants such as bacteria and fungi are properly disposed of and destroyed through sanitation procedures.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C.

- <https://www.myflfamilies.com/service-programs/child-care/docs/FamilyChildCareHomeLicensingHandbook.pdf?d=2021-3-19>
- <https://www.myflfamilies.com/service-programs/child-care/docs/School-Age-Child-Care-Licensing-Handbook.pdf>

- [https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20\(Proposed\).pdf](https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20(Proposed).pdf)

There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

- Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections* effective February 2017; Section 10, pages 22-25, Section 12, page 27- 29 for center-based programs and Section 9 pgs. 16-20 and Section 11, pgs. 22-23 for homes and informal care.
- DCF Rule 65C-22, F.A.C., *Child Care Facility Classification Summary*; sections 13 & 14, pages 7 & 8. *Child Care Facility Handbook* effective December 2019. *School-Age Child Care Facility Handbook* effective February 2017; section 3.2 & 3.3, pages 16 & 17.
- DCF Rule 65C-20, F.A.C., *FDCH Classification Summary*; sections 10, 12 & 17, pages 6,7 & 11. *LFCCH Classification Summary*; sections 11, 13 and 18, pages 8, 12 & 13. *FDCH/LFCCH Handbook* effective May 2019.
- For additional requirements see DCF [Rules 6M-4.620, F.A.C.](#) , [65C-22.010 , F.A.C.](#) , *Enforcement* and [65C-20.012, F.A.C.](#) , *Enforcement*.

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections*; *School Readiness Health and Safety Handbook* (by provider type - Section 18 for center-based programs and Section 17 for homes and informal care). For additional training requirements for licensed programs see DCF Rule 65C-22.001(6), F.A.C., [Child Care Facility Handbook](#) .

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C.



- <https://www.myflfamilies.com/service-programs/child-care/docs/FamilyChildCareHomeLicensingHandbook.pdf?d=2021-3-19>
- <https://www.myflfamilies.com/service-programs/child-care/docs/School-Age-Child-Care-Licensing-Handbook.pdf>
- [https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20\(Proposed\).pdf](https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20(Proposed).pdf)

There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Notification of new training via email and information is posted on DCFs' *News and Announcements* web page, and on the DEL web page and through announcements to ELCs for the DEL *Health & Safety Modules*.

### 5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Transportation and Field Trip Activity - These standard sections set program procedures and requirements for the transportation of children in care, including when

on a field trip or other activity away from the program facility. The standards set specific requirements and qualifications for drivers (license and training) and vehicles (insurance and mechanical inspections), and also set specific requirements regarding child safety restraints, staff-to-child ratios during transportation, number of individuals transported at one time, field trip notification, and parental permission for transportation. The standards also set very specific and detailed requirements for documenting and maintaining documentation of all transportation activities to ensure all children are accounted for upon leaving the program facility, arriving at the destination, and returning to the program facility.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C.

- <https://www.myflfamilies.com/service-programs/child-care/docs/FamilyChildCareHomeLicensingHandbook.pdf?d=2021-3-19>,
- <https://www.myflfamilies.com/service-programs/child-care/docs/School-Age-Child-Care-Licensing-Handbook.pdf>
- [https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20\(Proposed\).pdf](https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20(Proposed).pdf).

Child restraint standards are specific to the ages of children in care. There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

- -Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections*, effective February 2017; Sections 6 and 8, pages 17-20.
- -DCF Rule 65C-22, F.A.C., *Child Care Facility Classification Summary*; sections 5-8 & 10, pages 3-6. *Child Care Facility Handbook* effective December 2019; sections 2.5 & 2.7, pages 14-18. *School-Age Child Care Facility Handbook* effective May 2019; sections 2.5 & 2.7, pages 13 -17.
- -DCF Rule 65C-20, F.A.C., *FDCH Classification Summary*; section 3, pages 2-3. *LFCCCH Classification Summary*; section 3, pages 2-3. *FDCH/LFCCCH Handbook*

effective May 2019; Section 2.4, pages 11-13.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

- Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections; School Readiness Health and Safety Handbook* (by provider type - Section 18 for center-based programs and Section 17 for homes and informal care).
- For additional training requirements for licensed programs see DCF Rule 65C-22.001(6), F.A.C., [Child Care Facility Handbook](#) .

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

- Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections* effective February 2017, Sections 6 and 8, pages 17-20 for center based care and Sections 5 and 7, pgs. 13-15 for homes and informal care.
- Rule 65C-22, F.A.C., *Child Care Facility Classification Summary*; sections 5-8 & 10, pages 3-5. [Child Care Facility Handbook](#) effective December 2019. [School-Age Child Care Facility Handbook](#) effective February, 2017; sections 2.5 & 2.7, pages 12 -15.
- Rule 65C-20, F.A.C., *FDCH Classification Summary*; section 3, pages 2-3. *LCCH Classification Summary*; section 3, pages 2-3. [FDCH/LCCH Handbook](#) effective May 2019.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are

able to maintain and update the health and safety practices as described in the standards above.

Notification of new training via email and information is posted on DCFs' *News and Announcements* web page, and on the DEL web page and through announcements to ELCs for the DEL *Health & Safety Modules*.

### **5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

In addition to preservice and ongoing annual training requirements established for all program personnel, there must be at least one staff member certified in both first aid and CPR at the program at all times while children are in care, both onsite and while on field trips. In order to be valid, CPR certification must include an on-site, instructor-based skill assessment by a certified CPR instructor. The standards set requirements for documentation of first aid and CPR training/certification, as well as maintenance of such documentation. All drivers utilized by the program must also have current and valid certifications in first aid and CPR. This standard applies to all licensed child care programs, as well as all programs contracted to provide CCDF services.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Both the operator and the designated substitute for family child care homes must have current and valid certifications in first aid and CPR. In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C., which requires that one staff member with current and valid certification in *First Aid/CPR* is on premises at all times. Starting December 31, 2021, the number of child care personnel working at the facility will determine how many people will need to have First Aid training and CPR certification. By December 31, 2021, the child care facility

shall maintain the following number of child care personnel with the CPR certification and first aid training that are on site, at the facility at all times children are in care. For child care personnel to count to meet requirement in the below chart, they shall be child care personnel assigned to provide direct supervision of children in care:

- Total number of child care personnel in direct supervision of children to meet staff to child operating ratios: 0-25 26-50 51-75 76-100 101+
- Total minimum number of child care personnel with Pediatric CPR certification on site when children are present: 3 4 5 6 7
- Total minimum number of child care personnel with first aid training on site when children are present: 3 4 5 6 7

A Director, on site when children are present, with pediatric CPR certification and first aid training may qualify as one of the child care personnel for purposes of meeting the above requirements.

Documentation of pediatric cardiopulmonary resuscitation (CPR) certification and first aid training must be kept on file and available for licensing to review. Child care personnel satisfying the certification and training requirements shall be present at all times that children are in care at the facility, and at least one child care personnel with the CPR certification and first aid training on field trips which includes all activities away from the program, and during all transportation activities.

There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

- Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections*, effective February 2017; Section 13.4, page 31.
- DCF Rule 65C-22, F.A.C., *Child Care Facility Classification Summary*; sections 36 & 37, pages 24-25. *Child Care Facility Handbook* effective December 2019; section 4.2.4, page 40. *School-Age Child Care Facility Handbook* effective May 2019; section 4.2.2, page 36.
- DCF Rule 65C-20, F.A.C., *FDCH Classification Summary*; section 7, page 5. *LFCCCH Classification Summary*; section 8, page 6. *FDCH/LFCCCH Handbook* effective May 2019; Section 5.3.1, page 23.

## b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

- Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections; School Readiness Health and Safety Handbook* (by provider type - Section 18 for center-based programs and Section 17 for homes and informal care).
- For additional training requirements for licensed programs: Rule 65C-22.001(6), F.A.C., [Child Care Facility Handbook](#) .

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Both the operator and the designated substitute for family child care homes must have current and valid certifications in First Aid and CPR. In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C., which requires that one staff member with current and valid certification in *First Aid/CPR* is on premises at all times.

Effective October 2019, all personnel employed by a licensed/Gold Seal designated child care facility or home must have *First Aid/CPR* training.

- <https://www.myflfamilies.com/service-programs/child-care/docs/FamilyChildCareHomeLicensingHandbook.pdf?d=2021-3-19> ,
- <https://www.myflfamilies.com/service-programs/child-care/docs/School-Age-Child-Care-Licensing-Handbook.pdf>
- [https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20\(Proposed\).pdf](https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20(Proposed).pdf)

There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Notification of new training via email and information is posted on DCFs' *News and Announcements* web page, and on the DEL web page and through announcements to ELCs for the DEL *Health & Safety Modules*

**5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Child Safety - Program personnel must not have any inappropriate interactions with children, to include interactions that are aggressive, demeaning or intimidating in nature. All personnel must annually sign a statement of compliance with child abuse and neglect reporting requirements set in s. 39.201, F.S., regarding the duties of mandatory reporters for child abuse and neglect. The requirements in s.39.201(a) through (d), F.S. covers who is a reporter and the rest of that section covers provisions/procedures that comply with the Child Abuse Prevention and Treatment Act.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22

and 65C-20, F.A.C.

- <https://www.myflfamilies.com/service-programs/child-care/docs/FamilyChildCareHomeLicensingHandbook.pdf?d=2021-3-19>,
- <https://www.myflfamilies.com/service-programs/child-care/docs/School-Age-Child-Care-Licensing-Handbook.pdf>
- [https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20\(Proposed\).pdf](https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20(Proposed).pdf).

There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

- Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections*, effective February 2017; Section 9, page 21 and Section 21, page 49.
- DCF Rule 65C-22, F.A.C., *Child Care Facility Classification Summary*; section 47, page 31. *Child Care Facility Handbook* effective December 2019; section 8.2, page 62. *School-Age Child Care Facility Handbook* effective May 2019; section 8.2, page 56.
- DCF Rule 65C-20, F.A.C., *FDCH Classification Summary*; section 35, page 24. *LFCCCH Classification Summary*; section 36, page 27. *FDCH/LFCCCH Handbook* effective May 2019; Section 9.2, page 49
- The requirements in s.39.201(a) through (d), F.S.covers who is a reporter and the rest of that section covers provisions/procedures that comply with the Child Abuse Prevention and Treatment Act.

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

- Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections*; *School Readiness Health and Safety Handbook* (by provider type - Section 18 for center-based programs and Section 17 for homes and informal care).
- For additional training requirements for licensed programs see DCF Rule 65C-22.001(6), F.A.C., [Child Care Facility Handbook](#).

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?



In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C. There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Notification of new training via email and information is posted on DCFs' *News and Announcements* web page. Any changes or updates to the DEL *Health & Safety Modules* would be announced in administrative memos and other communication to ELCs and providers.

### **5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b**

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

NA

ii. Please enter 'NA' below

NA

iii. Please enter 'NA' below

NA

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training

requirement(s). Include citations for both licensed and license-exempt providers

- Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections; School Readiness Health and Safety Handbook* (by provider type - Section 18 for center-based programs and Section 17 for homes and informal care)
- For additional training requirements for licensed programs see DCF Rule 65C-22.001(6), F.A.C., [Child Care Facility Handbook](#) .

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards and criteria established in Chapters 65C-22 and 65C-20, F.A.C.

- <https://www.myflfamilies.com/service-programs/child-care/docs/FamilyChildCareHomeLicensingHandbook.pdf?d=2021-3-19>
- <https://www.myflfamilies.com/service-programs/child-care/docs/School-Age-Child-Care-Licensing-Handbook.pdf>
- [https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20\(Proposed\).pdf](https://www.myflfamilies.com/service-programs/child-care/docs/20190130/Child%20Care%20Facility%20Handbook%20(Proposed).pdf)

There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

iii. To demonstrate compliance, certify by checking below how the state/territory

requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

Notification of new training via email and information is posted on DCFs' *News and Announcements* web page. Any changes or updates to the DEL *Health & Safety Modules* would be announced in administrative memos and other communication to ELCs and providers.

**5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):**

a. Licensed child care centers:

10 hours

b. License-exempt child care centers:

10 hours

c. Licensed family child care homes:

10 hours

d. License-exempt family child care homes:

10 hours

e. Regulated or registered In-home child care:

10 hours

f. Non-regulated or registered in-home child care:

10 hours

**5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)**

a. Nutrition:

Describe:

Food and Nutrition Services - Programs that choose not to prepare and provide food to children in care must arrange with parents/guardians to provide nutritious food for their children. In the event the parent does not provide nutritious meals/snacks for the child, the program must provide nutritious food items to complete the child's meal. Programs who choose to prepare and provide must adhere to specific minimum standards set for food preparation, food storage, food hygiene, food handling and nutrition. This standard section also sets program requirements and procedures for the preparation, storage and use of breastmilk, infant formula and infant food, and proper dishwashing and sanitization of all food equipment and surfaces. Training is completed during Orientation within 3 months.

- Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections*, Section 17, pages 35-41 for center-based care and Section 16 for homes and informal care.
- DCF Rule 65C-22, F.A.C., *Child Care Facility Classification Summary*; sections 24-28, pages 13-17. *Child Care Facility Handbook* effective December 2019. [School-Age Child Care Facility Handbook](#) effective February, 2017; section 3.9, pages 23-29.
- DCF Rule 65C-20, F.A.C., *FDCH Classification Summary*; section 20, pages 12-13. *LFCCH Classification Summary*; section 21, pages 14-15. *FDCH/LFCCH Handbook* effective May 2019.

The standards for family child care homes and in-home care related to food and nutrition vary from those set for child care centers to address and accommodate the unique setting and environment of home care. In addition to the minimum standards set for CCDF programs, licensed child care programs must meet licensing standards

and criteria established in Chapters 65C-22 and 65C-20, F.A.C.

- DCF Rules 65C-22.001(6), F.A.C., [Child Care Facility Handbook](#) and [65C-20.012](#), F.A.C., *Enforcement*.

- Florida Department of Health, [Chapter 64 E-11, F.A.C.](#) - *Food Hygiene Standards*.

There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

b. Access to physical activity:

Describe:

Planned Activities - All programs must have a written, comprehensive and coordinated plan of daily activities that meets the needs of and is appropriate to the age and development of children in care. The plan must include activities that promote the emotional, social and intellectual growth of children; limit/prohibit electronic media time according to the age of children in care; include quiet and active play, both indoors and outdoors; and include meals, snack and nap times (as appropriate for the age and times children are in care). In addition, programs must ensure infants in care are provided opportunities for active play outside of cribs, as well as outdoor time each day that weather permits. Programs are not permitted to withhold active play as a form of discipline or consequence for misbehavior. The plan of activities must be developmentally appropriate to the ages and needs of children in care. There are no exemptions from this requirement. Relative caregivers accepting CCDF must meet the same standards as family day care homes.

Citations:

- Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections*, Section 7, pages 19-20 for center-based care and Section 6, page 15 for homes and informal care

- DCF Rule 65C-22, F.A.C., *Child Care Facility Classification Summary*; section 9, pages 4-5. *Child Care Facility Handbook* effective December 2019. *School- Age Child Care Facility Handbook* effective February 2017; section 2.6, page 14

- DCF Rule 65C-20, F.A.C., *FDCH Classification Summary*; section 14, page 8. *LFCCCH Classification Summary*; section 4, page 3. *FDCH/LFCCCH Handbook* effective May 2019.

c. For additional requirements see [DCF Rules 6M-4.620, F.A.C., 65C-22.010, F.A.C., Enforcement and 65C-20.012, F.A.C., Enforcement](#).

c. Caring for children with special needs:

Describe:

CCDF providers must include in their emergency preparedness plans how they will care for children with special needs during times of emergencies.

- Rule 6M-4.620, F.A.C., *Health and Safety Checklists and Inspections*, effective February 2017; Section 14.1, page 32.
  - DCF Rule 65C-22, F.A.C., *Child Care Facility Classification Summary*; section 23, pages 13. [Child Care Facility Handbook](#) effective December 2019; section 3.8.5, page 27. [School-Age Child Care Facility Handbook](#) effective effective February 2017; section 3.8.5, page 25.
  - DCF Rule 65C-20, F.A.C., *FDCH Classification Summary*; section 27, page 17. *LFCH Classification Summary*; section 28, page 21. [FDCH/LFCH Handbook](#) effective May 2019; Section 7.22, page 43., Chapter 65C-22.001(6), F.A.C.
- For additional requirements see DCF [Rules 6M-4.620, F.A.C.](#) , [65C-22.010 , F.A.C.](#) , *Enforcement and* [65C-20.012, F.A.C.](#) , *Enforcement.*

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

Describe:

N/A

## 5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

### 5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

- a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

Pursuant to s. 1002.82(2)(i), F.S. and Chapter 6M-4.620, F.A.C., CCDF providers must meet minimum standards for health, safety and sanitation. To ensure compliance with

minimum health and safety standards, all CCDF providers are inspected a minimum of once annually by DCF, the state agency responsible for child care licensing and regulation. At the time of inspection, providers who are found not to be in compliance with any of the minimum standards for health, safety or training, are issued a violation with terms for corrective action, or notice of probation or termination, if applicable.

**b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.**

Pursuant to s. 1002.82(2)(i), F.S. and Chapter 6M-4.620, F.A.C., CCDF providers must meet preservice training requirements for health and safety. To ensure compliance with preservice training requirements, all CCDF providers are inspected a minimum of once annually by DCF, the state agency responsible for child care licensing and regulation. Providers are required to maintain documentation that preservice training has been completed for all personnel employed by the program, and this documentation must be available for review by DCF licensing inspectors at the time of inspection. Providers who are found not to be in compliance with any of the minimum standards for health, safety or training, are issued a violation with terms for corrective action, or notice of probation or termination, if applicable.

**c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.**

Pursuant to s. 1002.82(2)(i), F.S. and Chapter 6M-4.620, F.A.C., CCDF providers must meet preservice training requirements for health and safety. To ensure compliance with preservice training requirements, all CCDF providers are inspected a minimum of once annually by DCF, the state agency responsible for child care licensing and regulation. Providers are required to maintain documentation that preservice training has been completed for all personnel employed by the program, and this documentation must be available for review by DCF licensing inspectors at the time of inspection. Providers who are found not to be in compliance with any of the minimum standards for health, safety or training, are issued a violation with terms for corrective action, or notice of probation or termination, if applicable. Further administrative action may be required by the lead agency if the provider continues to not to comply. DCF licensing health and safety requirements are monitored 3x per year for facilities and 2x per year for homes, to include verification of an annual satisfactory fire inspection completed by the local fire department.

## 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

### a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

CCDF health, safety, and fire standards are aligned to minimum health and safety standards for licensed child care providers. Prior to the issuance of a license, an initial inspection is conducted and is the only type of inspection that is an announced visit. In some circumstances, multiple visits occur to correct violations observed, as the provider must be 100 percent compliant with standards before the license issued. In circumstances where not all standards are met, DCF has the option to issue a provisional license. This option was used more frequently during the pandemic to help centers get up and running. The local fire inspector completes an inspection prior to licensure to ensure the building meets fire regulations. A copy of this report is required as part of the program's initial licensure packet and for annual renewal of the license thereafter that is submitted to the DCF.



ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

*PDFS CFOP 170-20, Child Care Licensing Program Desk Reference Guide, outlines inspection protocol including the frequency of inspections by provider type. Licensed child care facilities are required to be inspected a minimum of three times during the licensure year. Licensing counselors will conduct a renewal inspection and two routine inspections. All three unannounced inspections must be a full review of all applicable standards unless the provider qualifies for an abbreviated inspection, is inactive, is nonoperational, or the program operates for less than 12 months of the year. During the renewal inspection, all licensing standards as well as CCDF standards are monitored to fulfill the annual inspection requirement listed in 5.4.1.*

iii. Identify the frequency of unannounced inspections:

- A. Once a year  
 B. More than once a year

Describe:

Licensed child care providers receive a minimum of 3 unannounced inspections each year

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Inspection visits include a review of each classroom(s)/outdoor area(s) used by the children to ensure compliance with minimum health and safety standards adopted by the DCF and the DEL for CCDF providers. These standards also include standards for fire safety. All inspections conducted use these standards to determine compliance with health, safety and fire requirements. If violations of the standards are observed, the violation is notated on the inspection report and a corrective action due date is set. Some standards regarding food service, transportation, diapering, crib safety and administration of medication are services that may be non-applicable to certain providers. In these instances, a notation is made within the inspection report that reflects non-applicable. (.i.e. for a provider that does not offer transportation services). All standards related to this service will be marked "NA" on the inspection report. The DCF has differential monitoring known as abbreviated inspections. This differential

monitoring is for any child care facility provider who has had no Class 1 or Class 2 violations within a 2 year period. Providers who qualify are afforded abbreviated inspections in lieu of the two routine inspections. The standards monitored during abbreviated inspections have been identified as key indicators of whether the child care facility continues to provide quality care and programming. If at anytime during an abbreviated inspection, a standard that is not a key indicator is observed to be noncompliance, the provider would be cited for that standard.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

ss. 402.311, 402.3115, 1002.82(2)(i), F.S. and Chapter 65C-22, F.A.C.

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

#### **b. Licensed CCDF family child care home**

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

Prior to the issuance of a license, an initial announced inspection is conducted to

ensure compliance with minimum standards for health and safety and fire safety. In some circumstances, multiple site visits occur to correct violations observed during the initial inspection. A provider must be 100 percent compliant with health, safety, and fire standards before the license is issued.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

*PDFS CFOP 170-20, Child Care Licensing Program Desk Reference Guide, outlines inspection protocol including the frequency of inspections by provider type. Licensed family day care homes and large family child care homes are required to be inspected a minimum of two times during the licensure year. Licensing counselors will conduct a renewal inspection and one routine inspection. Both inspections must be a full review of all applicable standards unless the provider, is inactive, is nonoperational, or the program operates for less than 12 months of the year. During the renewal inspection, all licensing standards as well as CCDF standards are monitored to fulfill the annual inspection requirement listed in 5.4.1.*

iii. Identify the frequency of unannounced inspections:

- A. Once a year  
 B. More than once a year

Describe:

Licensed family day care homes and large family child care homes receive a minimum of 2 unannounced inspections each year.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Differential monitoring is currently not available to family home providers. DCF is in the process of conducting research to determine key indicators for these types of programs for future implementation.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

ss. 402.311, 402.3115, 1002.82(2)(i), F.S. and Chapter 65C-20, F.A.C.

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

#### c) Licensed in-home CCDF child care

##### i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

#### 5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

DCF conducts inspections of licensed providers in 62 out of 67 counties in the state.

Broward County, Child Care Licensing and Enforcement, conducts inspections of licensed providers in Broward County. Hillsborough County, Child Care Licensing Department, conducts inspections of licensed providers in Hillsborough County. Sarasota County Health Department, Child Care Licensing, conducts inspections of licensed providers in Sarasota County. Palm Beach County Health Department, Child Care Licensing, conducts inspections of licensed providers in Palm Beach County. Pinellas County Health Department, Child Care Licensing Program, conducts inspections of licensed providers in Pinellas County.

### 5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

A minimum of one annual unannounced inspection is conducted to ensure compliance with health, safety, and fire standards set by DEL for CCDF providers. Some standards regarding food service, transportation, diapering, crib safety and administration of medication are related to services that may be non-applicable to certain providers. In these instances, a notation is made within the inspection report that reflects non-applicable (NA), such as for a provider that does not offer transportation services. All standards related to this service will be marked NA on the inspection report.

i. Provide the citation(s) for this policy or procedure

Rule 6M-4.620, F.A.C.

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

A minimum of one annual, unannounced inspection is conducted to ensure compliance with health, safety and fire standards set by DEL for CCDF providers. Some standards regarding food service, transportation, diapering, crib safety and administration of

medication are services that may be non-applicable to certain providers. In these instances, a notation is made within the inspection report that reflects non-applicable, i.e. for a provider that does not offer transportation services. All standards related to this service will be marked "NA" on the inspection report.

i. Provide the citation(s) for this policy or procedure

Rule 6M-4.620, F.A.C.

#### **5.4.4 Inspections for license-exempt in-home care (care in the child's own home).**

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

A minimum of one annual, unannounced inspection is conducted. There are no exemptions to inspection requirements for these providers. In-home relative caregivers must meet the same standards for health and safety inspections and license-exempt family day care homes. Some standards regarding food service, transportation, diapering, crib safety and administration of medication are services that may be non-applicable to certain providers. In these instances, a notation is made within the inspection report that reflects non-applicable (i.e. for a provider that does not offer transportation services). All standards related to this service will be marked "NA" on the inspection report. Provide the citation(s) for this policy or procedure.

b. Provide the citation(s) for this policy or procedure.

Rule 6M-4.620, F.A.C.

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

DCF conducts inspections of licensed providers in 62 out of 67 counties in the state. Broward County, Child Care Licensing and Enforcement, conducts inspections of licensed providers in Broward County. Hillsborough County, Child Care Licensing Department, conducts inspections of licensed providers in Hillsborough County. Sarasota County Health Department, Child Care Licensing, conducts inspections of licensed providers in Sarasota County. Palm Beach County Health Department, Child Care Licensing, conducts inspections of licensed providers in Palm Beach County. Pinellas County Health Department, Child Care Licensing Program, conducts inspections of licensed providers in Pinellas County.

#### **5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).**

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

All personnel assigned responsibility for the inspection and licensing of child care facilities and family day care homes are classified as "Family Services Counselors" (Class Code: 5990) within the Florida Department of Management Services' job classification system. Minimum qualifications for this position category include a bachelor's degree from an accredited college or university. All Family Services Counselors are required to complete - Introduction to *Child Care Licensing, Desk*



*Reference Guide (Part 1 and 2), Guide to the Inspection; and Systems Training.* Along with online DCF training that includes the following:

- *Child Care Pre-Service Training*
- *Family Day Care Homes Licensing course*
- *Guidance and Discipline*
- *(4 hours) - Child Abuse and Neglect*
- *(6 hours) - Child Growth and Development*
- *(3 hours) - Guide to Record Keeping*
- *(4 hours) - Fire Safety & Emergency Preparedness*
- *(4 hours) - Playground Safety*
- *(2 hours) - Transportation Safety*
- *(5 hours) - Supporting Children with Developmental Disabilities*
- *(4 hours) - Serving Safe Food in Child Care*
- *FDA Food Inspector training*

Along with instructor-led and online training, licensing staff must complete 14 additional supplemental activities, which are documented as completed by the supervisor within 12 months of hire. DCF's current standard practice for hiring of inspectors is requiring a minimum educational level of a bachelor degree, in addition to completing preservice training for all newly hired licensing counselors. Training requirements for the 5 local licensing counties meet or exceed DCF's training requirements for licensing counselors.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

All personnel assigned responsibility for the inspection and licensing of child care facilities and family day care homes are classified as "Family Services Counselors" (Class Code: 5990) within the Florida Department of Management Services' job classification system. Minimum qualifications for this position category include a bachelor's degree from an accredited college or university. All Family Services Counselors are required to complete *Introduction to Child Care Licensing, Desk Reference Guide (Part 1 and 2), Guide to the Inspection; and Systems Training.* Along with online Department training that includes the following: *Child Care Pre-Service Training Family Day Care Homes Licensing course Guidance and Discipline (4 hours); Child Abuse and Neglect (6 hours); Child Growth and Development (3 hours); Guide to Record Keeping (4 hours); Fire Safety & Emergency Preparedness (4 hours); Playground Safety (2 hours); Transportation Safety (5 hours); Supporting Children with Developmental Disabilities (4 hours)| Serving Safe Food in Child Care FDA Food*

*Inspector training.*

Along with instructor-led and online training, licensing staff must complete 14 additional supplemental activities, which are documented as completed by the supervisor within 12 months of hire. DCF's current standard practice for hiring of inspectors is requiring a minimum educational level of a bachelor degree, in addition to completing preservice training for all newly hired licensing counselors. Training requirements for the 5 local licensing counties meet or exceed DCF's training requirements for licensing counselors. Training is offered using instructor led and online platforms. Additionally on the job, training occurs in the regions for new counselors working with their supervisor and senior counselors in their respective regional offices. A certification of completion is issued when all elements have been met.

c. Provide the citation(s) for this policy or procedure.

*Staffing Allocation, Educational & Training Qualifications/Requirements for Family Service Counselors (Child Care Licensing Inspectors), dated January 14, 2016 - memo can be found at the following link: <https://ccrain.fl-dcf.org/documents/4/2475.pdf#page=1>*

**5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).**

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

In 2011, the National Association for Regulatory Administration (NARA) issued a policy paper entitled *Strong Licensing: The Foundation for a Quality Early Care and Education System*. It included the following workload recommendation, which has also been disseminated by the U.S. Department of Health and Human Services, Administration for Children and Families, as an appropriate national standard. Florida's Child Care Program

Office utilizes the NARA recommended maximum workload standard of 60:1 for all types of providers. At current staffing levels, the caseload average is between 50 and 60.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

*Staffing Allocation, Educational & Training Qualifications/Requirements for Family Service Counselors (Child Care Licensing Inspectors), dated January 14, 2016 - memo can be found at the following link: <https://ccrain.fl-dcf.org/documents/4/2475.pdf#page=1>*

## 5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

**5.5.1 Background Check Requirements.** In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

## a. Components of In-State Background Checks

### i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Sections 402.302, 402.305, and 402.3055, F.S. and Chapters 65C-20 and 65C-22, F.A.C.

All other providers eligible to deliver CCDF Services

Citation:

Sections 402.302, 402.305, 402.3055, 402.316, and 1002.88(1)(e), F.S.

### ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Sections 402.302, 402.305, and 402.3055, F.S. and Chapters 65C-20 and 65C-22, F.A.C.

All other providers eligible to deliver CCDF Services

Citation:

Sections 402.302, 402.305, 402.3055, 402.316, and 1002.88(1)(e), F.S.

### iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Sections 402.302, 402.305, and 402.3055, F.S. and Chapters 65C-20 and 65C-22, F.A.C.

All other providers eligible to deliver CCDF Services

Citation:

Sections 402.302, 402.305, 402.3055, 402.316, and 1002.88(1)(e), F.S.

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).**

**b. Components of National Background Check**

**i. FBI Fingerprint Check**

Licensed, regulated, or registered child care providers

Citation:

Sections 402.302, 402.305, 402.3055 and Chapter 435, F.S.; Sections 402.302(15), 402.305(2)(a) and (b), 402.3025(2), 402.313, 402.3131, 402.316, and 1002.88(1)(e), and 435.04(1)(a), F.S. and Chapters 65C-22 and 65C-20, F.A.C.

All other providers eligible to deliver CCDF Services

Citation:

Sections 402.302, 402.305, 402.3055, 402.316, and 1002.88(1)(e), F.S.

**ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search**

Licensed, regulated, or registered child care providers

Citation:

Sections 402.302(15), 402.305, 402.3055, Chapter 435, F.S., 402.305(2)(a) and (b), 402.3025(2) and 435.04, F.S., 402.313, 402.3131, 402.316, and 1002.88(1)(e) and Chapters 65C-22 and 65C-20, F.A.C.

All other providers eligible to deliver CCDF Services

Citation:

Sections 402.302, 402.305, 402.3055, 402.316, and 1002.88(1)(e), F.S.

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).**

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

Sections 402.302, 402.305, 402.3055 and Chapter 435, F.S., and Chapters 65C-22 and 65C-20, F.A.C.

All other providers eligible to deliver CCDF Services

Citation:

Sections 402.302, 402.305, 402.3055, 402.316, and 1002.88(1)(e), F.S.

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

Sections 402.302(15), 402.305(2)(a) and (b), 402.3025(2), 402.3055, 402.313, 402.3131, 402.316, 435.06, F.S. and 1002.88(1)(e), F.S. and Chapters 65C-22 and 65C-20, F.A.C.

All other providers eligible to deliver CCDF Services

Citation:

Sections 402.302, 402.305, 402.3055, 402.316, and 1002.88(1)(e), F.S.

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

Sections 402.302(15), 402.305(2)(a) and (b), and 435.06, F.S. 402.3025(2), 402.3055, 402.313, 402.3131, 402.316, and 1002.88(1)(e), F.S. and Chapters 65C-22 and 65C-20, F.A.C.

All other providers eligible to deliver CCDF Services

Citation:

Sections 402.302, 402.305, 402.3055, 402.316, and 1002.88(1)(e), F.S.

### **5.5.2 Procedures for a Provider to Request a Background Check.**

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per  $\text{Å}$ § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other

state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

Level 2 background screening must be conducted via the Background Screening Clearinghouse, which requires an electronic fingerprint submission for processing. Initially, the screening results generated via this system include a search of the Federal Bureau of Investigation (FBI), Florida Department of Law Enforcement (FDLE -the state's criminal history database - Florida Sexual Offender for compliance with statutes. The National Crime Information Center (NCIC) search of 21 records, which includes a search of the National Sex Offender Registry, is conducted by FDLE as part of the level 2 screening process. The results are reviewed by a background screener to determine if any offense found is disqualifying pursuant to s. 435.04(2) and (3), F.S. which complies with § 98.43. The background screening unit also conducts a review of the Florida Abuse/Neglect registry database as part of the screening process. In the second phase, if another state other than Florida has been selected on an applicant's profile, the provider who initiated the screening is notified that the additional out of state criminal records and registry searches are needed from the applicant to complete the screening process, and are provided the following resource page, <https://www.myflfamilies.com/publicrecords/> regarding how to obtain these records. Once the applicant obtains the out-of-state criminal record, they must submit them to DCF's background screening unit at [bgs.outofstate.admin@myflfamilies.com](mailto:bgs.outofstate.admin@myflfamilies.com). The results received in this manner are also reviewed by a background screening to determine if any offense found is disqualifying pursuant to s. 4.35.04(2) and (3), F.S. which complies with § 98.43.

For the 22 states that participate in the National Fingerprint File program, this step is not required and the screening can be processed without the additional documentation from the provider. The receipt of the interstate criminal history check results is reviewed for eligibility by DCF's background screening unit pursuant to s. 435.04, F.S., and upon review, the applicant's status is updated to "eligible" or "not eligible" in the AHCA Clearinghouse for providers to view. DCF shares no interstate criminal history information with the potential employer. Note: The state utilizes the 22 NFF states for



completing the interstate criminal history checks. For the remaining non-participating states, the interstate record is obtained by either the applicant or the child care provider using the available method in which the non-participating state offers. The receipt of the interstate sexual predator/offender and child abuse/neglect search results are maintained at the facility by the provider in that individual's personnel file. This information is monitored during onsite inspections conducted by the DCF. As well as the signed Attestation of Good Moral Character, employment history, child abuse/neglect acknowledgement form, and a copy of their eligible screening from the Clearinghouse. The SOR and CAN are not considered by the state agency to determine screening eligibility. The Department considers criminal records only as part of the screening process. However, verified Florida CAN reports are completed annually and considered for the purposes of license renewal for the director/owners/operators of a program.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

The state does not charge fees for processing background screening. The fee associated with background screening includes the FBI costs, in-state criminal history costs, out-of-state record search costs and an administrative fee charged by third party live-scan vendors. DCF's use of the Statewide Clearinghouse provides numerous benefits to providers including reduced costs and more up to date information. It also allows for the result of criminal history results to be shared among specified state agencies, reducing duplicative screenings. No fees are charged by the DEL or the DCF for completing background screening. Fingerprinting and the submission of the fingerprints to FDLE and the FBI are submitted by a private live scan service provider. The DEL nor the DCF can regulate the administrative costs charged by the live scan provider. If an individual has been previously screened through the Clearinghouse database and requires a new screening due to a break in service or 5 year rescreening, the individual does not have to be re-fingerprinted requiring paying of any administrative costs, as the previous submission is retained and the provider (employer) just has to submit for review of the federal criminal history. The Clearinghouse database provides retention of fingerprints

and notification of new arrests in the state of Florida nightly database scan.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy: Provisional Hire status is granted upon email notification from the DCF allowing the individual to be hired for a 45-day period while pending out-of-state records are being requested and awaiting clearance. The provisional hire status is only granted after receipt and review of FBI, FDLE (state criminal history results) and an in-state child abuse and neglect registry search have been completed. During those 45 days, the individual must be under supervision of a screened and trained staff member at all times when in contact with the children. [www.myflfamilies.com/service-programs/child-care/announcements](http://www.myflfamilies.com/service-programs/child-care/announcements).

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

Sections 402.302, 402.305, 402.3055 and Chapter 435, F.S., establish the background screening and Good Moral Character requirements that apply to all child care personnel in licensed, registered and exempt child care settings. If another state other than Florida has been selected on an applicant's profile, the provider who initiated the screening is notified that the additional out of state criminal records are needed from the applicant to complete the screening process, and are provided the following resource page, <https://www.myflfamilies.com/publicrecords/> regarding how to obtain these records. Once the applicant obtains the out-of-state criminal record, they must submit them to the DCF's background screening unit at [bgs.outofstate.admin@myflfamilies.com](mailto:bgs.outofstate.admin@myflfamilies.com). The background screening unit receives the records via email directly from the state agency or from the provider who initiated the screening. For the 22 states that participate in the National Fingerprint File program, this step is not required and the screening can be processed without the additional documentation from the provider. The receipt of the interstate criminal history check results is reviewed for eligibility by the DCF's background

screening unit pursuant to s. 435.04, F.S., and upon review, the applicant's status is updated to "eligible" or "not eligible" in the AHCA Clearinghouse for providers to view. The DCF shares no interstate criminal history information with the potential employer. The state utilizes the 22 NFF states for completing the interstate criminal history checks. For the remaining non-participating states, the interstate record is obtained by either the applicant using the available method in which the non-participating state offers. Additionally the provider must conduct a search of the sexual offender/predator registry and child abuse/neglect registry of any state the individual has lived in outside the state of Florida in the preceding five years. Instructions on how to request/obtain these results is also noted in the email to the provider who initiated the screening in the Clearinghouse. The receipt of the interstate sexual predator/offender and child abuse/neglect search results are maintained at the facility by the provider in that individual's personnel file. This information is monitored during onsite inspections conducted by the DCF. As well as the signed Attestation of Good Moral Character, employment history, child abuse/neglect acknowledgement form, and a copy of their eligible screening from the Clearinghouse. The SOR and CAN are not considered by the state agency to determine screening eligibility. The Department considers criminal records only as part of the screening process. However, verified Florida CAN reports are completed annually and considered for the purposes of license renewal for the director/owners/operators of a program.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

The DCF requires rescreening if an individual has a break in service greater than 90 days or every 5 years. The rescreening process includes all of the same elements as the initial screening: national and state criminal, sexual predator/offender registry search, and child abuse/neglect history of any state in which an individual resided during the preceding 5 years. The state is enrolled in the state-based rap back program through FDLE. This is automatically established when an individual's electronic fingerprints are submitted to the background screening clearinghouse for child care screening. Each

night any subsequent arrest notifications are captured for individuals that have their fingerprints maintained in the clearinghouse. Automated notification is sent via email to the provider that initiated the screening of an individual who is subsequently arrested prompting them to check the status of the person's eligibility. The notification also is submitted to the background-screening unit to review to determine if the new offense is disqualifying and whether or not the screen remains eligible or needs to be changed to ineligible.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

If an individual has been previously screened through the Clearinghouse database and requires a new screening due to a break in service or 5 year rescreening, the individual does not have to be re-fingerprinted requiring paying of any administrative costs, as the previous submission is retained and the provider (employer) just has to submit for review of the federal criminal history. The Clearinghouse database provides retention of fingerprints and notification of new arrests in the state of Florida nightly database scan.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

<https://www.myflfamilies.com/service-programs/background-screening/>

### **5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.**

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

All background screening for child care is processed through the state's background screening clearinghouse, which accepts only electronic fingerprints. Providers may choose from a list of available live scan vendors in their area that are third party private businesses providing this service. Once the fingerprints are submitted to the clearinghouse, the FDLE and FBI searches are triggered. The FDLE portion of screening includes a search of the *National Sex Offender Registry and Florida Sexual Predator/Offender registry*. The background-screening unit also conducts a review of the *Florida Abuse/Neglect registry* as part of the screening process. Results are reviewed by the background screening unit for compliance with ss. 402.302(15), 402.305, and 402.3055, F.S., as well as Chapters 65C-20 and 65C-22, F.A.C., screening requirements. During licensing inspections, personnel records are reviewed for compliance. Any non-compliance violations are noted on the inspection report with a corrective action due date. The DEL has access to the inspection reports through the DCF's database.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

Same as above.

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory)

but has lived in another state(s) within the previous five years).

If another state other than Florida has been selected on an applicant's profile, the provider who initiated the screening is notified that the additional out of state criminal records are needed from the applicant to complete the screening process, and are provided the following resource page regarding how to obtain these records, <https://www.myflfamilies.com/publicrecords/>. Once the applicant obtains the out-of-state criminal record, they must submit them to the DCF's background screening unit at [bgs.outofstate.admin@myflfamilies.com](mailto:bgs.outofstate.admin@myflfamilies.com). The background screening unit receives the records via email directly from the state agency or from the provider who initiated the screening. The results received in this manner are also reviewed by a background screening to determine if any offense found is disqualifying pursuant to s. 4.35.04(2) and (3), F.S. which complies with § 98.43. For the 22 states that participate in the National Fingerprint File program, this step is not required and the screening can be processed without the additional documentation from the provider. The receipt of the interstate criminal history check results is reviewed for eligibility by the DCF's background screening unit pursuant to s. 435.04, F.S., and upon review, the applicant's status is updated to "eligible" or "not eligible" in the AHCA Clearinghouse for providers to view. The DCF shares no interstate criminal history information with the potential employer. The state utilizes the 22 NFF states for completing the interstate criminal history checks. For the remaining non-participating states, the interstate record is obtained by either the applicant using the available method in which the non-participating state offers. Additionally the provider must conduct a search of the sexual offender/predator registry and child abuse/neglect registry of any state the individual has lived in outside the state of Florida in the preceding five years. Instructions on how to request/obtain these results is also noted in the email to the provider who initiated the screening in the Clearinghouse. The receipt of the interstate sexual predator/offender and child abuse/neglect search results are maintained at the facility by the provider in that individual's personnel file. This information is monitored during onsite inspections conducted by the DCF. As well as the signed Attestation of Good Moral Character, employment history, child abuse/neglect acknowledgement form, and a copy of their eligible screening from the Clearinghouse. The SOR and CAN are not considered by the state agency to determine screening eligibility. The Department considers criminal records only as part of the screening process. However, verified Florida CAN reports are completed annually and considered for the purposes of license renewal for the director/owners/operators of a program.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

In some cases, the response from other states may be delayed or becomes a cost factor for providers. The DCF will intervene as necessary to request an expedited response. If there is still no response within the 45-day window, the background screening unit may move forward with an eligible determination as long as there is adequate documentation that the request was made properly and timely and as long as all other criteria have been met.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

In this case, the individual would have to be fingerprinted in Florida and list the residing state on their screening profile in the clearinghouse. The rest of the process would be the same as listed above in letter c.

#### **5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.**

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only

a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

### 5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

#### a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Florida participates in the NFF program and therefore other states do not have to request a person's state criminal history. However, on the DCF's website (<https://myflfamilies.com/publicrecords/>) there is a link to the Florida Department of Law Enforcement (<https://cchinet.fdle.state.fl.us/search/app/default?6>) with instructions on how to request level 2 screening.

#### b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The DCF website (<https://myflfamilies.com/publicrecords/>) provides a link to the sex offender and predator search page (<https://offender.fdle.state.fl.us/offender/sops/home.jsf>). Other states are able to use this link to conduct an online name search.



### c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The DCF website (<https://myflfamilies.com/publicrecords/>) provides a link to an online request form (<https://myflfamilies.com/service-programs/child-welfare/records-request/>) to be used by other states to obtain child welfare information.

### 5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

**Note: The links provided below should be a part of your consumer education website identified in 2.3.11.**

**a. Interstate Criminal Background Check:**

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.myflfamilies.com/publicrecords/>; can also be accessed from <http://www.floridaearlylearning.com/public-records-requests>

**b. Interstate Sex Offender Registry (SOR) Check:**

- i. Agency Name

- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.myflfamilies.com/publicrecords/>; can also be accessed from <http://www.floridaearlylearning.com/public-records-requests>

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email
- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- ix. Forms

x. Fees

xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.

xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.myflfamilies.com/publicrecords/>; can also be accessed from <http://www.floridaearlylearning.com/public-records-requests>

**5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).**

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

If yes, describe other disqualifying crimes and provide the citation:

Section 435.04, F.S., outlines a list of offenses that if a person has been arrested for, plead nolo contendere, or plead guilty to regardless of adjudication that disqualifies the individual for eligibility to work in child care. These disqualifiers are not permanent meaning the individual may request an exemption if applicable. The link to the *Attestation of Good Moral Character* contains the listings of disqualifying

offenses. Citation: <https://www.myflfamilies.com/service-programs/background-screening/docs/Child%20Care%20AGMC.pdf>

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

Screening determinations are captured electronically in the background screening clearinghouse. Automated notifications are sent via email to the provider who initiated the screening. These notifications are sent anytime the individual's status changes, if the prints are rejected, when there are subsequent arrests that come up through the state rap back program, and when it is time to renew the prints for rescreening. For eligible determinations, only the provider is notified. For ineligible determinations, the individual applicant is notified via certified mail with details and information about the appeal process if applicable. In this case, the provider who initiated the screening is also notified in writing that the person they screened is not eligible with no details about the offense.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)).

Pursuant to s. 435.04, F.S., drug offenses that are a felony or involve a minor are disqualifying. The appeal process is in the state acknowledgement form <https://www.myflfamilies.com/service-programs/background-screening/docs/Privacy%20Policy.pdf>. Exemptions from disqualification are outlined in s. 435.07, F.S. Individuals must meet eligibility requirements to qualify for an exemption review, and if eligible, must provide clear and convincing evidence to support a reasonable belief that they are of good moral character and pose no danger to the health and safety of children, persons with disabilities or vulnerable adults. The decision made by DCF may be contested through a hearing under the provisions of Ch. 120, F.S., Administrative Procedure Act. After eligibility to request an exemption from disqualification is determined, the DCF considers the following information: the circumstances surrounding the disqualifying criminal incident for which exemption is sought; the time period that has elapsed since the incident; the nature of the harm caused to the victim; the criminal history of the employee; a history of the employee since the incident; employment history; educational history; any treatment or rehabilitation; and

any other evidence of circumstances indicating that the individual is leading a positive lifestyle. Applicants may appeal a decision of disqualification from employment based upon proof of mistaken identity.

### **5.5.8 Appeals Processes for Background Checks**

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

Section 435.06, F.S. indicates that it the responsibility of the affected employee to contest his/her disqualification through a hearing under the provisions of ch 120.F.S. The only basis for contesting the disqualification is proof of mistaken identity. Additionally, the state privacy policy that each individual is given provides the guidance for contesting the accuracy of a criminal history. The policy language states that - If you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. by calling FDLE at (850) 410-7898. If you believe the national information is in error, you may contact the FBI at (304) 625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor within a reasonable time.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

same as above

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

No appeal process for interstate child abuse/neglect checks as this information is not used to determine eligibility. The DCF is not in the position to mitigate interstate CAN registry findings, the individual would be directed to dispute the findings through the reporting state not in Florida. Should the findings of the interstate CAN registry check rise to the criminal level, DCF will review offenses to determine eligibility.

## 5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

### **5.6.1 Licensing Requirements (as described in Section 5.1)**

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.  
Describe:
- c. Relative providers must fully comply with all licensing requirements.

### **5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)**

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.  
Describe:
- c. Relative providers must fully comply with all health and safety standard requirements.



### 5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

- c. Relative providers must fully comply with all health and safety training requirements.

### 5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

### 5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
  - i. Criminal registry or repository using fingerprints in the current state of residency
  - ii. Sex offender registry or repository in the current state of residency
  - iii. Child abuse and neglect registry and database check in the current state of residency

- iv. FBI fingerprint check
- v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
- vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
- vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
- viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds

(658G(b)(1)).

## 6.1 Professional Development Framework

**6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.**

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

The DEL has revised and aligned the *Florida Standards and Key Competencies for Early Learning Professionals (Educators, Directors & Administrators, Afterschool Educators, Career Advisors, Specialists Supporting Early Childhood Inclusion and Early Learning Coaches)* to the national pathway established through the National Association for the Education of Young Children's Power to the Profession national collaboration. The Standards and Key Competencies (SKC) are what all adults who work with or on behalf of children need to know, understand, and be able to do. With the SKC, adults can support children's development and school readiness and provide a continuum of support for children as they transition into afterschool programs. The SKCs also address the roles that support Early Childhood and Afterschool Educators including Directors, Career Advisors, Inclusion Specialists and Coaches to create a robust system of support that will lead to the best outcomes for children. The SKCs include expectations across a continuum of training, education, and experience ranging from entry-level educators to educators with degrees, certifications, and extensive experience. The SKCs assume that those in supporting roles such as Directors, Career Advisors, and Technical Assistance Specialists have a working knowledge and experience in the early childhood and afterschool field; therefore, the SKCs provide an overlay for what these roles should

know and be able to do to assist educators in providing supportive environments where children and educators thrive.

ii. Career pathways. Describe:

In collaboration with the Professional Development Task Force, the DEL revised and aligned the *Florida Early Childhood Education Professional Development Career Pathway* to the national pathway established through the National Association for the Education of Young Children's Power to the Profession national collaboration. Educators develop knowledge and skills in a variety of ways, and the *Florida Standards and Key Competencies for Early Childhood and Afterschool Educators* are designed to support formal and informal pathways. Formal pathways are defined by student enrollment at institutions of higher education whereby academic credit is awarded upon satisfactory completion of coursework. These academic credits may be used to satisfy requirements for awarding college certificates and/or degrees. Informal pathways represent specializations and are professional development opportunities offered through approved providers that meet pre-defined standards or quality criteria (i.e., IACET). These professional development courses may result in credentials awarded demonstrating satisfactory completion or competency attainment in a prescribed course of study. The *Florida Infant/Toddler Developmental Specialist* is an example of a credential earned. An educator may pursue both formal and informal pathways to increase professionalism and competence.

Foundation - Complete one of four options:

- *Child Care Facility,*
- *Family Child Care Home,*
- *School- Age, OR*
- *Introductory Child Care Training (OEL Approved)*

ECE I / ASE I: Attain *Florida Staff Credential* by completing one of the following:

- *The National Early Childhood Credential,*
- *Formal Educational Qualification,*
- *Birth through Five Child Care Credential, OR*
- *School-Age Child Care Credential*

ECE II / ASE II: Associate degree from an accredited and U.S. Department of Education-recognized institution, with at least 21 *Early Childhood/Child Development, Elementary Education or Youth Development* credits

ECE III / ASE III: Bachelor's Degree or higher from an accredited and U.S. Department of Education-recognized institution, with at least 36 *Early Childhood Education/Child*

*Development, Family and Child Sciences, Elementary Education or Youth Development* credits

Core training - required to earn a DCF *Early Care and Education Professional*

*Development Registry* designation placement, which includes:

- *The Florida Early Learning and Developmental Standards: Birth to K Training*
- *Overview of the Florida Competencies for Early Childhood Educators* training, and
- *The Trauma Informed Care for Child Care Professionals* training.

### iii. Advisory structure. Describe:

Florida established its Professional Development Initiative (PDI) Steering Committee/Task Force in 2007. PDI members include professionals from provider associations, higher education institutions, ELCs, training organizations, Head Start, state departments that invest in and work on professional development issues, and non-profit organizations. The PDI is identified as a key stakeholder group to support the professional development work in Florida, and represents the full diversity of early childhood professional development interests in the state. Particularly, it includes providers from a variety of settings and informs the development of an early childhood professional development system.

### iv. Articulation. Describe:

The Florida Children's Forum, in conjunction with the DEL and other stakeholders, meet as a committee to work on issues of articulation. The goal is to create a seamless pathway from high school diplomas to credentials and ultimately degrees in the field of early childhood education. Honoring credits between institutions of higher education and transferability are important considerations for the field. We continue to work on the transferring of Associate degree(s)/credit(s) to Bachelor's degrees between institutions. This goal is particularly important as we work with educators who are also T.E.A.C.H. participants to ensure that resources are maximized.

### v. Workforce information. Describe:

The *Early Care and Education Professional Development Registry* (Registry) is in its final stages of development. The Registry allows early learning professionals to track completed training and record achieved certificates, credentials and degrees. The statewide registry is central to attracting, retaining and developing a well-qualified early care and education workforce. The system assists educators in assessing current

qualifications, identifying education resources and supports, and planning their career pathways. Once fully implemented, the registry will allow policymakers to analyze barriers to access, supports for continued career advancement, and program wide improvements for early learning programs.

**vi. Financing. Describe:**

**Scholarships -The T.E.A.C.H. Early Childhood® Scholarship Program is a successful three-way partnership between the employer, the teacher and the T.E.A.C.H. program addressing the problems of teacher education, turnover, and compensation in the child care and early learning field. The T.E.A.C.H. program first received statewide funding in 1998 to assist child care and early learning practitioners and has provided scholarships for over 56,850 scholars in Florida since that time for early childhood credentials and degrees. The Program consistently produces data-driven, measurable outcomes that address the challenges of the field and provides access to a well-trained and qualified counselor through the T.E.A.C.H. office to help recipients navigate the often-confusing landscape of professional development and higher education options.**

**Compensation - Child Care WAGE\$® was designed to provide preschool children more stable relationships with better-educated teachers by rewarding teacher education and continuity of care. WAGE\$ awards education- based salary supplements to early educators to address the key issues of under-education, poor compensation and high turnover within the early childhood workforce. Supplement awards are based on education achieved and the continuity of care provided. Early Childhood Educator INCENTIVE\$ Florida, an affiliate of Child Care WAGE\$®, rewards early childhood educators with financial incentives based on their education and continuity of employment. By retaining the early childhood workforce, INCENTIVE\$ provides children with more stable relationships and better-educated teachers. INCENTIVE\$ addresses individual professional development efforts and low wages, but does not affect budgets, regular wages or parent fees within the child care program. Three Florida ELCs participate in the Early Childhood Educator INCENTIVE\$ Florida program. Some ELCs also offer financial incentives linked to education attainment. Additionally, DEL offers stipends for the completion of trainings in identified early childhood topic areas through the statewide training initiative. These trainings are offered online and are able to be blended into a technical assistance or community of practice approach.**

**The stipends are provided to providers who achieve mastery for each course, as well as funding for technical assistance coaches and community of practice facilitators.**

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

All DEL and DCF state-approved trainings included in the Registry receive continuing education units upon successful completion. All coursework and/or degrees recognized are from institutions (public and non-public) that are accredited by a regional or national accrediting agency recognized by the United States Department of Education. If degrees or course work are completed in another country, participants must submit their transcripts to a third-party evaluator to determine equity. Registry-approved and recorded training is approved training that meets in-service training requirements and provides Continuing Education Units (CEUs).

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

The PDI Steering Committee/Task Force members include professionals from provider associations, higher education institutions, ELCs, training organizations, Head Start, state departments that invest in and work on professional development issues, and non-profit organizations. The PDI is identified as a key stakeholder group to support the professional development work in Florida, and represents the full diversity of early childhood professional development interests in the state. Particularly, it includes providers from a variety of settings and informs the development of the early childhood professional development system to include aligning training and ECE coursework. The Professional Development Task Force also developed a plan to secure adoption of the Florida Standards and Key Competencies among professional development providers, from pre-service through higher education, so professionals know their career options and that there is alignment in professional preparation.

iii. Other

Describe:

**6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.**

Professional Development Initiative Steering Committee members as described in 6.1.1 met multiple times, worked through subcommittees, reviewed best practices and revised state policies and practices. DEL did not consult with the SAC in the development of its professional development framework. The PDI Steering Committee/Task Force, whose members include professionals from provider associations, higher education institutions, early learning coalitions, training organizations, Head Start, state departments that invest in and work on professional development issues, and non-profit organizations, developed the states early learning professional development framework. The PDI is identified as a key stakeholder group to support the professional development work in Florida, and represents the full diversity of early childhood professional development interests in the state. Particularly, it includes providers from a variety of settings and informs the development of the early childhood professional development system to include aligning training and ECE coursework. The Professional Development Task Force also developed a plan to secure adoption of the Florida Standards and Key Competencies among professional development providers, from pre-service through higher education, so professionals know their career options and that there is alignment in professional preparation.

**6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).**

The Career Pathway is set up to offer many different paths for progress. There are informal and formal options for training and credentialing. This allows access to those who may not have the ability to obtain formal education. The framework's financial incentives also



provides financial support to those seeking to gain a degree or credential through the T.E.A.C.H. Early Childhood Scholarship Program. T.E.A.C.H. helps with addressing the problems of teacher education, turnover, and compensation in this field. It provides financial incentives linked to educational attainment and retention. DEL has also enhanced the functionality of the Professional Development Registry. The Registry is where the depth of data about the early childhood workforce is available. There is information regarding education level, credentials, and more detailed employment information is entered and verified by the credentialing unit. Placement along our state Career Pathway also provides information about the caregivers, teachers and directors in our centers, facilities and homes. With a functioning Registry, the state will have data regarding quality of staff, diversity, stability, and retention. The Registry also reinforces the concept of professionalism by documenting and acknowledging the qualifications of early childhood workforce.

## 6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

### **6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:**

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

The DEL's Early Care and Education Pathway sets the early learning and developmental guidelines, key competencies for educators and trauma informed care for child care professionals training as core requirements. This requirement must be met before an educator can earn designation placement on the Career Pathway in the Registry. Additionally, each regulated provider is required to take introductory training which includes: child growth and development; health, safety and nutrition; rules and regulations; identifying and reporting child abuse and neglect behavioral observation and screening; developmentally appropriate practices; and early and/or emergent literacy. These trainings align to all of the state early learning and developmental guidelines and offer supports for the implementation of those guidelines. DEL requires all providers receiving CCDF funds to complete the above training as preservice training, as well as additional training in the areas of safe sleep practices, early learning developmental standards, social/emotional development of young children, emergency preparedness, transportation safety (if applicable) and first aid/CPR. All of these additional trainings must be completed to earn designation placement on the Early Care and Education Professional Development Pathway in the Registry as well. The strategies selected by the DEL to reduce the likelihood of suspension and expulsion of children include the piloting with PDG funds, of the implementation of the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children in 12 ELCs. This initiative has the focus on assisting ELC and early learning programs in their implementation of sustainable systems for the Pyramid Model. The goal is to support early intervention and early education programs with a focus on promoting the social, emotional, and behavioral outcomes of young children birth to five, reducing the use of inappropriate discipline practices, promoting family engagement, using data for decision-making, integrating early childhood and infant mental health consultation and fostering inclusion.

At this point the DEL is building capacity by:

1. Developing the knowledge base on effective practices and implementation supports for the implementation of the Pyramid Model;
2. Providing web-based resources, tools, modules, webinars, guides, training resources, and other materials that will strengthen the implementation of the Pyramid Model;

3. Providing Technical Assistance (TA) that will provide state and local programs with the strategies, tools, materials, guidance, and capacity to implement and scale up the Pyramid Model;
4. Providing intensive, sustained TA to programs to support local implementation and state scale up of the Pyramid Model to improve the social, emotional, and behavioral development of infants, toddlers, and preschoolers in early care and education programs and home settings.

After the pilot concludes, the next steps include an evaluation of the continuation of the ELCs' implementation of the Pyramid Model with CCDF funds and the scale up of the initiative to include more ELCs.

**6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).**

The DEL is in contact with the Miccosukee Tribe in our state. We have created information about access to all of the quality initiatives currently existing within the state. Through this connection, we hope to create a stronger partnership with this community.

**6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:**

**a) with limited English proficiency**

DEL has translated the required pre-service training to Spanish so that it can be accessed by Spanish speaking educators or educators with limited English proficiency. Additionally, the website hosting the Florida Early Care and Education Developmental Standards has added a translation toggle option to translate from English to Spanish. The supporting trainings for these standards are available in Spanish as well. Some ELCs go through a process of

identification of support of early learning providers to assure their inclusion in our system.

This process includes:

1. Understanding the cultures and languages of the communities with whom they work
2. Making every effort to provide multi-lingual translation and interpretation services at all levels when engaging with child care providers, specifically:
  - a. In one-on-one meetings with providers
  - b. In written communications
  - c. In public meetings
  - d. In training sessions
  - e. All legal documentation will be provided in multiple languages.
  - f. Examining their website to ensure that is accessible to those with sight or hearing impairments
3. Provide extensive training to staff at all levels (starting with leadership) regarding the importance of these efforts to enhance the recruitment and facilitation of the participation of child care providers in the subsidy system.
4. Become hyper-aware of the importance and need to constantly connect with their communities to understand how best to serve them and to engage with them. Get out into the community.

#### b) who have disabilities

The DEL ensures ADA compliance with all public facing documents. The supports offered to educators are modified to meet the needs of persons with disabilities. For example, communities of practice are held after trainings if needed to ensure that educators have had time to process the information and ask questions. DEL provides potential and current child care providers with technical assistance in the licensing process as well as starting their programs. The TA is inclusive and strives to meet the needs of each provider. While DEL does not specifically recruit providers in general, DEL does work to build providers' capacity for inclusion. It has partnered with agencies to work diligently over the past two years to build a statewide cohesive system through to serve students with disabilities seamlessly. Through partnerships, joint trainings, examination of policies and procedures, and conferences, DEL is building the capacity of providers so they may feel more empowered and knowledgeable to serve all children, especially those with varying exceptionalities. DEL offers training in the Pyramid Model, supports the Florida Infant Mental Health Endorsement, developed the Best Practices in Inclusive Early Childhood Education (BPIECE) so providers have a self-assessment to understand how they may provide more supports and accommodations for

children. Additionally, the ELCs work to regularly connect with their communities to understand how best to serve and engage them, and as stated, employ a process of identification of support of early learning providers to assure their inclusion in our system, particularly those who speak languages other than English so that many diverse communities of families are served.

**6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).**

Introductory training for regulated/registered providers includes topic areas that cover diversity in areas such as age group, exceptionalities, and culture. These courses can be differentiated by age group served or provider type. College credit certificate programs are clusters of credit courses focused on a specific content area. Many of the Florida community or state colleges that offer early childhood associate degrees also offer 12-credit certificates in content areas such as infant-toddler development, preschool development, inclusion and child care center management. Achieving a college credit certificate can be an option for educators who are interested in improving knowledge and skills through college coursework, but cannot commit to a degree program. These credits are transferable to an associate degree if the educator chooses to continue their college education. There are other professional development opportunities available in Florida that do not contribute to placement on the Florida *Early Care and Education Career Pathway*, but award specializations which will provide sequenced, incremental content that builds specific skills in early childhood professionals. Specializations are available in the following areas: Infant-Toddler Development; Preschool Development, Inclusion, Dual Language Learners; Trauma Informed Care; and Child Care Center Management.

**6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).**

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

The *Early Care and Education Career Pathway* has included a course in the core requirements training addressing trauma in young children. This course covers the emotional trauma that may come for children in housing transition. The DEL's SharePoint site for ELCs contains resources and links to training and technical assistance to be shared with providers regarding serving homeless children and families. The DEL program staff continuously research and take courses in trauma and serving children experiencing homelessness. In the fall of 2020, the State Coordinator for Title IX, Part A, Florida McKinney-Vento Program, asked the DEL to participate in a grant writing effort to focus efforts across multiple agencies serving the early childhood. While the grant was not funded, the opportunity opened communication and identified areas where professionals may work together to better inform the field. In addition, a new trauma-informed care course is currently in development and will take a closer look at how to identify and connect families who are experiencing homelessness to services.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

The DEL's SharePoint site for ELCs contains resources and links to training and technical assistance to be shared with providers regarding serving homeless children and families. The DEL program staff continuously research and take courses in trauma and serving children experiencing homelessness to provide technical assistance to coalition staff. The DEL CCR&R Network staff provides training to each ELC CCR&R. DEL also created the Florida's Child Care Resource and Referral Specialist Training Service Delivery modules. Each training model encourages trainees to be mindful of children and families who may be experiencing homelessness, aware of local services and supports for these families, and other agencies that may also provide assistance. Module 2 of the series specifically discusses definitions of "homelessness," factors that may lead to homelessness, related

statistics, and important ideas and responses to keep in mind when serving families..

**6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.**

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

Florida requires directors of licensed child care facilities to have a director credential. The DCF developed a comprehensive, renewable director credential based on education and experience. Every child care facility is required to have a credentialed director, except during evening hours. A director may only supervise one child care facility, except a director may supervise multiple before and after- school sites for a single organization (Rule 65C-22.008(4)(i), F.A.C.). The director is the on-site administrator/supervisor and must be present in the facility a majority of the time that the facility is in operation, except during evening hours of operation. Every applicant for a license to operate a child care facility or for a change of ownership of a child care facility must document that the facility director has a Director Credential prior to issuance of the license. In order to receive a Director Credential, the "*Overview of Child Care Management*" course must be completed. The "*Overview of Child Care Management*" course provides instruction on such practices related to fiscal management, budgeting, record- keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications. Some ELCs are currently implementing the *Early Childhood Program Administrators Institute*, a three-course program offered for college credit or CEUs, which is a requirement for earning an Advanced Director Credential. The coursework addresses enhancing management and leadership skills, fiscal administration of an early childhood program, recruiting, selecting, and orienting staff, implementing shared decision making and participative management and understanding, conducting, and evaluating effectiveness of meetings. The DEL also has standardized training modules for early care and education directors. This training provides an overview of the Florida Standards and Key Competencies for Directors & Administrators of Early Childhood and Afterschool Programs. These competencies

address business practices to promote effective administration of early care and education program.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers' business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Record keeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

### 6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

#### 6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

- i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically



based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

- DEL offers stipends for the completion of trainings social, emotional, physical, and cognitive development of children, including nutrition and physical activity through our state quality improvement system. (CCDF funding)
- The DEL conducts an annual statewide training effort on expulsion and suspension prevention, which supports educators' knowledge of social and emotional development of children. (CCDF funding)
- T.E.A.C.H. scholarships are offered to support formal degrees covering social, emotional, physical and cognitive development. (CCDF funding)
- The DEL has developed a three-hour instructor-led training, a five-hour online training related to infant and toddlers, a five-hour online training related to preschoolers and a five-hour online birth to kindergarten training that addresses the different elements and developmental domains of the Florida Early Learning and Developmental Standards: Birth to Kindergarten. The training provides a brief overview of how the Standards can be used to support implementing developmentally appropriate practices for practitioners and directors. The Standards account for social, emotional, physical, cognitive development of children, and physical activity. (CCDF and state funding)
- The DEL sponsors a training initiative that allows providers access to training on many early childhood topics including social, emotional, physical, and cognitive development as well as nutrition and physical activity. These trainings are offered online and are able to be blended into a technical assistance or community of practice approach. (CCDF funding)
- The DEL conducts affiliate training sessions for coaches on the CSEFL modules, which address social, emotional, physical and cognitive development of children. (CCDF funding)

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors,

including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

- The DEL offers stipends for the completion of trainings in behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behavior through our state quality improvement system. (CCDF funding)
- The DEL conducts an annual statewide training effort on expulsion and suspension prevention. This training has a primary focus on mental health, positive behavior interventions, and addressing challenging behaviors. (CCDF funding)
- T.E.A.C.H. scholarships are offered to support formal degrees covering behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health. (CCDF funding)
- The DEL is currently developing a Trauma-Informed Care specialization for practitioners. (CCDF funding)
- The DEL network of lead trainers within the ELCs provide 38 hours of training developed by the Center on the Social and Emotional Foundation for Early Learning (CSEFEL) to practitioners free of charge.
- The DEL training initiative allows providers access to training on many early childhood topics to include Social-Emotional Development. These trainings are offered online and are able to be blended into a technical assistance or community of practice approach. (CCDF funding)
- The DEL has also developed two online courses: 1.) *Developing the Socially and Emotionally Competent Child*, and 2.) *Working to Create Positive Learning Environments: Preventative Strategies*. Both courses are intended for preschool educators and highlight the importance of supporting children's developing social and emotional competence. Both of these courses are available through the *Early Care and Education Professional Development Registry* and cost \$10 each. (State funding)

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

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

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

- The DEL requires training of CCR&R staff on engaging parents and families in a culturally and linguistically appropriate way. This training is meant to help CCR&R staff engage families to become meaningful partners in supporting their children's positive development.
- The DEL statewide training initiative allows providers access to training on many early childhood topics such as engaging parents and families in a culturally and linguistically appropriate way. These trainings are offered online and are able to be blended into a technical assistance or community of practice approach. These courses include extensive content on engaging families to become meaningful partners in supporting their children's positive development. (CCDF funding)

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

- The DEL offers stipends for the completion of trainings in developmentally appropriate, culturally and linguistically responsive instruction through our state quality improvement system. (CCDF funding)
- The DEL has developed training to support the implementation of the *Florida Early Learning and Developmental Standards (Birth to Kindergarten)* which addresses developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards. (CCDF funding)

- The DEL sponsors a training initiative that allows providers access to training on many early childhood topics such as developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards. These trainings are offered online and are able to be blended into a technical assistance or community of practice approach. (CCDF funding)
- The DEL conducts an annual statewide training effort on expulsion and suspension prevention that addresses developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards. (CCDF funding)
- T.E.A.C.H. scholarships are offered to support formal degrees and credentials covering these content areas. (CCDF funding)
- Introductory training for regulated/registered providers includes topic areas that cover diversity in areas such as age group, exceptionalities, and culture. These courses can be differentiated by age group served or provider type.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii)).

Describe the content and funding:

The Lead Agency facilitates multiple assessments to identify needs for quality improvement. The first is the *Child Care Access Index*. This is a collaborative project with the University of Florida to identify if there is access to care, access to quality care, and whether parents are choosing quality care. This, in turn, allows the Lead Agency to design the specific types of technical assistance or quality support needed for each area of the state. This assessment is in process. The Lead Agency also conducts annual focus groups to identify strengths and gaps in the quality of early care and education in the State. The gaps are shaped into priorities for quality improvement in the upcoming fiscal year.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

- The DEL developed a tool for self-assessment, which can be used to develop professional goals for supporting children with special needs ( *Best Practices for Inclusive Early Childhood Education*). The DEL offers trainings on the use of this tool to create more inclusive settings for young children. (CCDF Funding)
- The DEL offers stipends for the completion of trainings on caring for and supporting the development of children with disabilities and developmental delays through our state quality improvement system. (CCDF Funding)
- The DEL has developed training to support the implementation of the *Florida Early Learning and Developmental Standards (Birth to Kindergarten)* that includes modifications for children with disabilities or developmental delays. (CCDF and state Funding)
- The DEL conducts an annual statewide training effort on expulsion and suspension prevention, which discusses strategies for supporting children with special needs. (CCDF Funding)
- T.E.A.C.H. scholarships are offered to support formal degrees and credentials covering these content areas. (CCDF Funding)
- The DEL is currently developing an Inclusion Specialization. (CCDF Funding)
- Introductory training for regulated/registered providers includes topic areas that cover diversity in areas such as age group, exceptionalities, and culture. These courses can be differentiated by age group served or provider type. (CCDF Funding)
- Early Learning Florida is an initiative that allows providers access to training on many early childhood topics. These trainings are offered online, are able to be blended into a technical assistance or community of practice approach, and includes extensive content on meeting the needs of dual language learners and supporting the needs of children with special needs. (CCDF funding)

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

- DCF offers a School Age Credential. (CCDF Funding)
- T.E.A.C.H. scholarships are offered to support formal degrees and informal credentials covering these content areas. (CCDF Funding)

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

**b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.**

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License-exempt family child care home
  - In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License-exempt family child care home
  - In-home care (care in the child's own home)
- iv. Other.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)

Describe:



**6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

The DEL, in partnership with the DCF operates a statewide early care and education workforce registry. While the scope for system development is substantially complete, the DEL and DCF are working to enhance the system to add reporting, as needed, to transition to the national professional development pathway. Once the system development is completed in December 2021, DEL will use this data to analyze the following indicators:

- Number of practitioners with degrees
- Number of practitioners with staff credentials
- Number of practitioners with advanced staff credentials
- Number of practitioners with content specializations
- Increase in these numbers from year to year.

The DEL analyzes data collected by the T.E.A.C.H. contractor to monitor the amount of degrees/credentials/specializations that have been obtained.

## 6.4 Early Learning and Developmental Guidelines

**6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.**

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The Standards were revised in 2017 to reflect current research and to ensure that children are prepared for future success in kindergarten. A panel of national and state experts in domain-related fields collaborated to ensure that the Standards are developmentally appropriate and linguistically appropriate while designed to show the progression of skills from birth to kindergarten.

ii. Developmentally appropriate.

The standards are organized using a progression of birth to kindergarten skills showing what a child should know and be able to do by the end of a particular age span. This progression is a tool for teachers to understand prerequisite skills to ensure that developmentally appropriate instruction and supports are provided for children.

iii. Culturally and linguistically appropriate.

The panel of state and national experts revised the standards with consideration of a culturally and linguistically appropriate lens throughout the standards.

iv. Aligned with kindergarten entry.

The Standards were crosswalked with the Florida Kindergarten Standards to ensure aligned children preparation for kindergarten entry.

v. Appropriate for all children from birth to kindergarten entry.

Each domain's introduction includes domain-specific strategies to support inclusive learning environments. Additionally, the inclusive tools offered by the DEL were written to support the standards.

vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

DEL ensures *Florida's Early Learning and Developmental Standards: Birth to Kindergarten* are implemented in SR programs through Rule 6M-4.700, F.A.C., *Child Performance Standards*. These standards were developed in collaboration with a

panel of early learning experts to ensure guidelines are research-based and aligned with kindergarten standards.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

Language arts and mathematics are addressed as two separate domains in the standards: *Language and Literacy* and *Mathematical Thinking*. The *Language and Literacy Domains* includes the following sub-domains along with related standards and benchmarks: *Listening and Understanding, Speaking, Vocabulary, Sentences and Structure, Conversation, Emergent Reading and Emergent Writing*. The *Mathematical Thinking Domain* includes the following sub-domains along with the related standards: *Number Sense, Number and Operations, Patterns, Geometry, Spatial Relations, Measurement and Data*.

ii. Social development.

Social developmental and emotional development skills are combined into once domain: *Social and Emotional Development*.

iii. Emotional development.

The *Social and Emotional Development Domain* includes the following sub-domains with related standards: *Emotional Functioning, Managing Emotions, Building and Maintaining Relationships with Adults and Peers and Sense of Identify and Belonging*.

iv. Physical development.

The Physical Development Domain includes two sub-domains along with related standards. *HEALTH AND WELLBEING* includes active physical play, safety, personal care *routines* and feeding and *nutrition*. *MOTOR DEVELOPMENT* refers to the use, refinement and coordination of the body's large and small muscles.

v. Approaches toward learning.

The *Approaches to Learning Domain* includes the following sub-domains with related standards: *Eagerness and Curiosity, Persistence, Creativity and Inventiveness and Plan and Reflection*.

vi. Describe how other optional domains are included, if any:

The *Social Studies Domain* includes the following sub-domains with related standards: *Individual Development and Identify, Individuals and Groups, Spaces, Places and Environments, Time Continuity and Change, Governance, Civic Ideals and Practices, Economics and Resources, and Technology and Our World*. The *Scientific Inquiry Domain* includes the following sub-domains with related standards: *Scientific Inquiry Through Exploration and Discovery, Life Science, Physical Science, Earth and Space Science, Environment, Engineering and Technology*. The *Creative Expression Through the Arts Domain* includes the following sub-domains with related standards: *Sensory Art Experience, Music, Creative Movement, Imaginative and Creative Play, and Appreciation of the Arts*.

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

*Florida's Early Learning and Developmental Standards: Birth to Kindergarten are updated every 5-6 years to ensure alignment with current research. A panel of national and state experts with expertise in domain-related fields as well as diversity are selected to collaborate to revise the Standards. The Standards are written, reviewed by a panel of experts review team, posted for public feedback, and ultimately adopted by the State Board of Education.*

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

The DEL sits on the governing board for the Florida Afterschool Network. The network is working on revising the school-age out-of-school time standards. This project should be complete by the end of the current fiscal year.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

Rule 6M-4.700, F.A.C., *Child Performance Standards* and <http://www.floel.org/standardsresource>

**6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:**

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

*Florida's Early Learning and Developmental Standards: Birth to Kindergarten were designed to reflect the knowledge and skills that a child on a developmental trajectory (progression) should know and be able to do at the end of an age-related timeframe. SR educators follow the Standards in lesson planning and selecting curriculum that is aligned with the Standards.*

**6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).**

DEL uses professional development, teacher-child interactions, child assessment, and progress monitoring aligned to the early learning and developmental standards to monitor and evaluate the quality of and improvement in child care programs.

Florida's 40 hour minimum mandatory Child Care training must be initiated within 90 days of employment and completed within one year of starting training. The training includes Child Growth and Development (CGDR) a 6-hour course that provides childcare professionals with

the basic principles of child growth and development. Participants learn how these principles affect children's learning, and best practices associated with guiding children's behaviors towards appropriate expectations, and methods associated with addressing challenging behaviors. Participants will understand the role of Developmentally Appropriate Practice in the design of quality care environments. Upon completion of this course, participants will be able to: explain the difference between growth and development; describe each of the basic principles of child growth and development; describe how environment, heredity, birth order, health status and developmental obstacles influence the development of a child; Identify typical growth and skill expectations for Florida's Early Learning and Developmental Standards for children age birth to five; apply appropriate techniques for handling challenging behaviors; define developmentally appropriate practice and identify components of developmentally appropriate learning environments.

In addition to the CGDR coursework Florida's Professional Development Registry's Career Pathways requires completion of Florida's Early Learning and Developmental Standards Course (5 Hours) as a minimum requirement for receiving Designation status. Florida's Early Learning and After-School Career Pathways requires three course before awarding any designation (Florida's Early Learning and Developmental Standards, Florida Core Competencies for Early Childhood Educators, and Trauma Informed Care for Child Care Professionals (TICC).

Every early childhood provider must meet a minimum score on the CLASS observation to enter a contract with the SR and VPK programs. Should a contracted provider slip below the minimum threshold, they are placed on a quality improvement plan and receive training aligned to the early learning standards and best practices for instruction.

As part of our quality initiative for child care providers, DEL allows SR providers to conduct on-going child assessments to receive a differential payment. DEL reviewed and approved the use of three development assessment instruments for use as part of our quality program. DEL is currently developing a system to capture data directly from the assessment instruments that will help the state analyze child care development related to Florida's Early Learning and Developmental Standards, Birth to Kindergarten. Currently, each child assessment instrument has a parent portal to allow parent access and monitor their child's progress. DEL currently tracks the number of providers participating in the child assessment differential.

School Readiness providers who are also implement

the VPK program must conduct progress monitoring at least twice a year on all 4 year olds, which aligns to the emergent literacy and mathematical thinking standards.

## 7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services

- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.



## 7.1 Quality Activities Needs Assessment for Child Care Services

**7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).**

The DEL facilitates multiple assessments to identify needs for quality improvement. The first is the *Child Care Access Index*. This is a collaborative project with the University of Florida to identify if there is access to care, access to quality care, and whether parents are choosing quality care. This, in turn, allows the DEL to design the specific types of technical assistance or quality support needed for each area of the state. This assessment is in process. Finally, the DEL does annual focus groups to identify strengths and gaps in the quality of early care and education in the State (see 7.1.2). The gaps are shaped into priorities for quality improvement in the upcoming fiscal year.

**7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.**

DEL conducts annual needs assessment focus group with specific content areas such as infant/toddler education, school-age care, early childhood inclusion, and equity. The following are the gaps identified in the past two years of focus groups. Most of these gaps have been addressed or are in a plan to be addressed. The corresponding project to address gaps follows each.

**Infant/Toddler:**

Access/Supply

1. Lack of articulation for an Infant-Toddler Pathway to Credentials
2. Need more professional development, certification, AA degree for infant-toddler care teachers or directors
3. Lack of Infant Mental Health consultants/ELC specialists
4. No plan for training and implementation of ASQ-SE 2 for all infants and toddlers
5. No capacity/endorsements for specialized needs such as child welfare, trauma
6. Lack of slots for infants and toddlers
7. Low salaries for 0-3 care teachers
8. Data about numbers of infants and toddlers on wait lists, supply and demand are not always accurate
9. Lack of coordination with EHS data and slots
10. Need a plan to decrease infants and toddlers on wait lists
11. Centers discontinuing/closing infant-toddler rooms
12. High cost of care for infants and toddlers
13. Ratios and group sizes are high for infants and toddlers/Current funding does not incentivize smaller ratios and group sizes
14. No capacity for continuity of care, adults following children 0-3
15. Need more specific core competencies for 0-3 caregivers such as Zero To Three
16. Lack of public awareness of importance of 0-3 developmental, social/emotional needs
17. Differences between state and local infant-toddler initiatives, local service models
18. Need more infant-toddler training protocols or supports
19. Minimal health and safety standards not based on quality
20. Cost as a barrier to higher quality, no business plan for funding it
21. Lack of understanding of the role of licensing in quality initiatives
22. Lack of shared understanding among providers about quality measures
23. Lack of shared understanding between providers and families about quality
24. Lack of programmatic family engagement to support medical and mental health needs
25. Lack of process to track expulsions, no early warning system
26. Lack of trainings available in Spanish/other languages for FCCHs and Infant/Toddler teachers

#### Partnerships

1. Lack of partnerships with EHS-CCH
2. Lack of partnerships with healthcare providers
3. Lack of partnerships, endorsements with FAIMH
4. Need more coordination with Early Steps
5. Not sure how all programs serving infants and toddlers align
6. Lack of shared understanding of the role of home visiting with all infants and toddlers
7. Need a unique child identifier number to follow children

#### Plan to Address Gaps

1. Implement specific training to address infant/toddler quality education – the DEL will continue to implement the framework described in item 7.4, which addresses topics from basic health and safety to providing specialized support to children and families.
2. Increase partnership with Head Start Collaboration Office to share resources.

3. Connect with FAIMH to increase mental health practices of coaches.
4. Enhance Infant/Toddler website to share resources.
5. Develop a process to create and approve informal professional development specializations in infant-toddler and trauma-responsive practices content that will be recognized by the Florida Early Childhood Professional Development Registry.
6. Continue to provider infant/toddler-specific information in the monthly Parents Pages and through DEL social media accounts.
7. Expand state data system to assign a unique identifier to each SR child to gather accurate data, including expulsions, in order to provide support to each child/family.
8. Enhance collaboration opportunities with Early Steps
9. Align data systems to avoid data entry duplication.

### **School Age Care:**

#### Access/Supply

1. Limited quality professional development and technical assistance for after school providers, including family child care providers
2. Lack of utilization of core competencies
3. Lack of a leadership credential specific to afterschool
4. Pathway needs more opportunities for school-age providers
5. Registry needs to include more afterschool professional development
6. Complete data that tells the story (We have the number of school-age children served in each setting, but we do not know the working hours, the staff ratios, the kind of professional development provided, the quality of instruction, choice of curriculum, kind of program [academic, free play, etc.]) Further, we have no map of where afterschool programs are, they kinds of programs, and if there are any deserts within the State.
7. Lack of understanding of recruitment/retention among staff for these programs
8. Need for professional development, which focuses on positive behavior supports, healthy social-emotional development, and academic curriculum support through tutoring and mentoring models.

#### Plan to Address Gaps

1. Work with Florida Afterschool Network to develop and education process to inform afterschool programs about the statewide registry and career pathway.
2. Research and gather specific professional development options and link to the statewide registry.
3. Create inventory for initiatives with all programs/agencies supporting this age group.
4. Increase targeted trainings for the afterschool and school-age providers.

### **Early Childhood Inclusion:**

#### **Family Engagement/Consumer Education**

1. Distribute more information about the benefits of screenings
2. Distribute more information about the process of referrals
3. Distribute more information about expulsion/suspension and the role of the inclusion coordinator

4. Distribute resources in other languages, as available

#### Website Development

1. Maintain the informational page
2. Social Media: Use social media for the dissemination of the family engagement and consumer education objectives

#### Data Capturing System

1. System development to track the following data:
2. Child's name
3. Child ID number, if available
4. DOB/age
5. Parent name;
6. Parent's mailing address, email, and phone#
7. Center name and phone#
8. Inclusion Specialist name
9. Date of enrollment in the SR program
10. Date(s) of screening(s), if screened
11. Parent Initiated Concerns
12. Warm-Line Initiated Concerns
13. Reason for not being screened, if applicable
14. Parental objection to the screening; or
15. Exceptions to being screened in the SR program
16. Parent Declined Services
17. No Screening - Services
18. No Screening - Withdrew Enrollment
19. Provider Expulsion
20. Provider Family Dismissal
21. Transfer Due to Location
22. Transfer Due to Schedule
23. Transfer Due to Cost
24. Transfer Due to Quality
25. Developmental screening results
26. ASQ No Concern
27. ASQ Follow-up
28. ASQ Growth
29. ASQ No Growth
30. Rescreen ASQ3 due
31. Socio-emotional screening
32. SE-2 No Concern
33. SE-2 Follow-up
34. SE-2 Growth
35. SE-2 No Growth
36. Tracking of concerns
37. Vision Pass
38. Vision Refer

39. Hearing Pass
40. Hearing Refer
41. ASQ Communication Domain
42. ASQ Gross Motor Domain
43. ASQ Fine Motor Domain
44. ASQ Problem Solving Domain
45. ASQ Personal-Social Domain
46. ASQ SE Self-Regulation Domain
47. ASQ SE Compliance Domain
48. ASQ SE Adaptive Functioning Domain
49. ASQ SE Autonomy Domain
50. ASQ SE Affect Domain
51. ASQ SE Social Communication Domain
52. ASQ SE Interaction Domain
53. Date of observation
54. Date individualized supports were initiated
55. Type of individualized supports initiated to address concerns (i.e. private therapy)
56. Follow-up Screening
57. Follow-up Assessment
58. Individualized learning plans
59. Suggested developmental activities for parents or providers
60. Observations and accommodations in the early learning program
61. Parent education
62. Referrals to early intervention services or specialized care
63. Referral to Part C
64. Referral to Part B
65. Referral to Other
66. Referral for Hearing
67. Referral for Vision
68. Referral for Social Emotional
69. Referred - Did Not Qualify
70. Referral - Qualified
71. Behavior intervention services to site
72. Provide behavior intervention services to child
73. Teacher TA/Coaching
74. Date of referral, if applicable
75. Whether the parent elected to receive additional help from the ELC
76. Tracking of follow up of children as they move to other agencies for services
77. Tracking of children with IEPs and IFSPs

#### Plan to Address Gaps

1. Sustain the Inclusion Website created as a hub of resources for the ELCs Inclusion Coordinators.
2. Expand the functionality of statewide information system to include all the items above.

3. Offer to ELCs “Developmental Screening Tools Train the Trainers Trainings” so they can organize ongoing trainings for early learning providers so that providers can provide developmental screening services with high fidelity.
4. Track the training programs for early learning providers from the ELCs to identify areas of need related to the Developmental Screening program including promoting the benefits of developmentally screening children to parents and providers.
5. Sustain the creation of the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (Pyramid Model) State Leadership Team for guiding the implementation of the Pyramid Model initiative Statewide.
6. Continue and expand the statewide implementation of the Pyramid Model.
7. Increase access to the inclusion specialization by advertising the informal training option.
8. Create a cross agency Early Childhood Inclusion Committee to: share information across systems, identify overlaps and gaps, share collaboration success, develop a collaborative structure to support the large system and individualize the efforts at the local level with the objective of: identifying barriers that impact the collaboration between families and early education programs and to highlight solutions that strengthen collaboration.

### **Equity:**

#### Rural and Migrant Families/Programs

1. Lack of early childhood services in rural areas
2. Lack of resources for rural and/or high poverty areas
3. Barriers for migrant families to access resources
4. Programs do not have access to same level of resources as others e.g. mental health, pay, training and professional development
5. Programs in rural communities are detached from services, resources, professional development, and higher education opportunities available in larger communities

#### Transportation

1. Lack of access
2. If transportation is broken, the families cannot afford the repair costs
3. Lack or reliable/adequate transportation services

#### Access to Early Education and Care

1. All children do not have access to early education and care programs
2. Need more parent education in early learning
3. Cost of quality early childhood programs is too expensive
4. Low access to affordable high quality childcare
5. Low access to high quality early education and care

#### Early Childhood System-Institutional and Structural

1. Inequity in defining “quality” of early childhood programs
2. Unequal access to the same level of resources and services
3. Need higher compensation for early education professionals

4. Grant programs are not provided long enough for deep sustainability of implementation
5. Lack of clarity on how federal/state/local systems and funding are structured
6. Inequitable priorities for access to SR

#### Lack of resources

1. Staff not fully understanding multiple programs and resources available therefore not communicating with families effectively

#### Healthy Food and Health Care

1. Health food is not available and/or affordable
2. Need consistent education regarding making healthy food choices
3. Lack of affordable health care – lack of access doctors, medication and treatment

#### Language Barriers

1. Language barriers (families, childcare staff, environment)
2. Language barriers (families, providers)
3. Recent immigrants have barriers to understanding services and processing paperwork

#### Economic

1. Lack of economic resources
2. Living wages are too low to afford childcare
3. Many employment issues such as unemployment, lack of a living wage and benefits
4. Few job opportunities
5. Families living just above the poverty line

#### Inclusion

1. Children with special needs are not always viewed as a priority nor are all SR providers committed to inclusion
2. There are limited programs for children with disabilities

#### Family and Resources

1. Lack of family supports to assist financially and emotionally
2. Families do not understand how state systems are structured and are not always able to help themselves

#### Data and Bias

1. Lack of data on the impact of implicit bias
2. Teacher administration bias
3. Cultural competency trainings

#### Plan to Address Gaps

1. Continue the work of the Equity Task Force as it leads the 30 ELCs and other Partner Agencies in advancing the Equity work in the State.
2. Provide Equity Coaches to ELCs so they work independently on their own Equity action plan
3. Utilize tools for creating plans to address identified systemic gaps
4. Coordinate efforts between ELCs so they mentor each other in advancing equity issues
5. Continue to track expulsions/dismissals in the statewide information system
6. Continue to build systems/partnerships with higher education institutes to provide

opportunities for ECE's to earn credentials and degrees, locally and in rural communities

## 7.2 Use of Quality Funds

### 7.2.1 Check the quality improvement activities in which the state/territory is investing

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Preschool Development Grant: Birth to Five Renewal (PDGR) funds have been used



to expand the *10 Components of Quality* framework training for ELC staff

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related

Section: 7.10). Check all that apply

i. CCDF funds

ii. State general funds

Other funds. Describe:

### 7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

#### **7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?**

a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.

b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.

c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

- e. Yes, the state/territory has another system of quality improvement.

Describe the other system of quality improvement and provide a link, if available.

The DEL operates a statewide system of quality improvement, which offers tiered differentials in addition to providers' regular subsidy payment, based on their level of quality. Providers are assessed annually with the CLASS infant, toddler and preschool tools depending on the composition of their classrooms. The classroom observation scores are averaged to produce a composite score for the provider. Providers scoring at or above a 4.00 are eligible to receive a differential and of those eligible receive an additional differential when they implement an DEL approved formative child assessment. Providers who score below the contract minimum are not able to contract for SR unless they score at the contract minimum on a subsequent assessment. Providers scoring above the contract minimum but below 4.00 are placed on a Quality Improvement Plan for 12 months after which they are re-assessed. Providers deemed essential to a geographic region may have their assessment score waived if they agree to participate in a Quality Improvement Plan. The funding of the state quality improvement system serves as additional incentive for any local QRIS. The link to the DEL's quality improvement system is <http://www.floridaearlylearning.com/statewide-initiatives/school-readiness-program-assessment>. In addition to DEL's tiered reimbursement system, many ELCs establish locally designed QRIS.

Local QRIS are supported by four ELCs in communities around the state. The links to the local systems are:

- [Guiding Stars of Duval](#) - Early Learning Coalition of Duval (elcduval.org)
- [Colorful S.T.E.P.S. to School Readiness](#) - Early Learning Coalition of Lake County (elclc.org)
- [Strong Minds/GOLD \(CSC\)](#) - Early Learning Coalition of Palm Beach County (elcpalmbeach.org)
- [Look for the Stars](#) - Early Learning Coalition of Sarasota (earlylearningcoalitionsarasota.org)

**7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.**

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

- Participation is voluntary
- Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

Beginning in FY 19-20, it is statutorily mandated for all SR providers serving children birth to kindergarten entry to participate in a quality improvement system, which adjusts rates based upon levels of quality. A provider must be above a certain level of quality to participate in the subsidy program. The levels of quality are based on program assessment scores (CLASS) and are defined in rule development. School age and overnight only providers are exempt from participation.

- Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers

- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

The CLASS tool measures teacher-child interactions and is appropriate for use in any provider setting

### 7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
  - a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the

same, there is a reciprocal agreement between PreK programs and the quality improvement system) .

- b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
- c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- d. Programs that meet all or part of state/territory school-age quality standards.
- e. Other.

Describe:

#### 7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
  - a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
  - b. Embeds licensing into the QRIS
  - c. State/territory license is a "rated" license
  - d. Other.

Describe:

Effective 2019-2020, the DEL quality improvement system is required for providers receiving subsidy. Currently all SR providers must have at least one annual health and safety inspection to receive a contract for subsidy payments.

**7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.**

No

Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based



- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

The DEL makes available online subscriptions based on CLASS to specifically improve teacher child interactions. In addition, the DEL has approved strategies, which a provider participates in when they score below the minimum quality threshold such as coaching, professional development such as the International Accreditors for Continuing Education and Training (IACET), virtual and face-to-face training directly based on CLASS and early childhood coursework provided by a public college. The DEL provides stipends for providers completed the early childhood coursework. All these strategies are offered regardless of care levels of children served.

**7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

The DEL uses the Classroom Assessment Scoring System (CLASS) to measure quality levels for School Readiness program providers. CLASS is an evidence-based observational

tool that is scored on a 7 point scale. The DEL analyzes CLASS composite scores as a measure of teacher-child interaction required by legislation (HB 1091.) Composites scores are averages of each domain score received by the provider. Required components of the incentivized program assessment requirement include:

- o Quality measures, including a minimum threshold for contracting purposes.
- o Program Improvement through an improvement plan.
- o Exemptions for providers without at least 20% of enrolled SR slots or at least (2) enrolled SR slots for Family Child Care Homes.

Performance incentives/differential rates were effective for 2019-20. The minimum threshold for contracting with a provider was 2.51 in the initial year of implementation but has since increased to 3.5 based on analysis of baseline CLASS composite scores. Starting July 1, 2022, the score must be 4.00 to contract with SR. Coalitions have the authority to waive the minimum contracting threshold requirement in certain circumstances. Originally, the state permitted providers with CLASS composite scores of 2.51 – 2.99 to execute an SR contract provided they were on a Quality Improvement Plan. As of May 2020, providers must score in the 3.5 – 3.99 range to execute a contract providing they participate in a Quality Improvement Plan. As a one-time exception, FL helped providers ease the transition to the higher score requirement by allowing providers with scores in the 3.00 – 3.49 to contract with a specialized Quality Improvement Plan of coaching and MMCI (CLASS Group Coaching.)

Current Contract Minimum: 3.5. Providers must participate in Quality Improvement Plan, no differential payment. As stated, this minimum increases to 4.00 in July 2022. Providers at the following CLASS composite ranges receive differential payments at a percentage of the base reimbursement rate:

- Composite Score 4.00-4.99, differential of 4%
- Composite Score 5.00-5.99, differential of 7%
- Composite Score 6.00-6.99, differential of 10%

The DEL continually analyzes the CLASS scores of providers in all provider types and makes those results available to stakeholders. County, statewide, care level and provider type scores are analyzed for determining thresholds and availability of high quality slots throughout the state. Currently, 75% of providers score at a 4.00 on CLASS.

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

### **7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

The DEL includes infant and toddler quality improvement interventions in the state quality improvement system for all provider types. These interventions include:

- Infant/Toddler specific training
- CLASS observations with the infant and toddler tools
- CLASS Group Coaching*, formerly *MMCI -Infant and Toddler* training
- Incentives for completing child assessments for infants and toddlers

Additional Supports Include:

- Scholarships for Infant/Toddler Professional Development Specializations

•Coaching for Infant/Toddler teachers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

The ELCs support the expansion of community or neighborhood-based family child care networks with a variety of initiatives, such as:

- Participating in the state family child care home professional organization's events.
- Offering scholarships for professional development to family child care providers
- Hosting family child care network group meetings
- Offering free technical assistance and training to family child care providers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

**Framework:**

**The voluntary implementation of a framework that identified 10 research-based components that are essential to high-quality child care will be a priority for the next three years. Using these *10 Components of Quality* as a guide, the Infant and Toddler Specialists will help child care programs improve the quality of care for infants, toddlers and their families. Programs who opt into local initiatives based on the framework will be observed with a component-based tool, identify their priorities and begin quality improvements with the support of**

ELC staff trained on these components. ELC staff will use the newly developed electronic system to record observation data and develop quality improvement plans. Data from observation will be used to improve and expand the initiative.

#### Network

The Infant and Toddler Specialist Network supports early learning providers. These supports include coaching and technical assistance on specific infants and toddler topic.

#### Training/Professional Development Opportunities

- The ELCs and DEL program staff offer training to providers serving infants and toddlers on topics such as preventing biting, developmentally appropriate practices, safe sleep practices and sensory play.
- ELCs host conferences targeted at meeting the training needs of those providers serving infants and toddlers.
- Parent trainings are hosted by ELCs with specific training towards infant/toddler development.
- Blended models of training are offered through the DEL training initiative, which offers online training modules using technical assistance and/or communities of practice.
- Required pre-service training includes a course on safe sleep.
- The DEL honors a formal certificate program as an infant/toddler specialization for the early childhood workforce. An informal specialization is currently under development.
- Specific training is given statewide to promote the quality of teacher/child interactions measured by the SR program assessment tool ( *CLASS Group Coaching, formerly MMCI -Infant and Toddler Version*).

#### Financial Incentives

- Scholarships are given for professional development progression to teachers of infant and toddler classrooms, including the completion of an Infant/Toddler Specialization or degree in this content area.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

- In-home care (care in the child's own home)
- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

Each ELC is staffed with an Infant/Toddler Specialist who serves as a coach, mentor and technical assistance specialist for providers serving infants and toddlers. Each ELC is also staffed with coaches with some background in infant-toddler care and development .

- Blended models of training are offered through the DEL training initiative, which offers online training modules using technical assistance and/or communities of practice.

- Some ELCs offer quality mentors who provide technical assistance to the teachers involved in the *Early Head Start - Child Care Partnership* grant on a bi-weekly basis.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

**7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

**Describe:**

Initial developmental screening is required for all children in the SR Program within the first 45 days of receiving services. Screening is required at least annually after the initial screening. The DEL provides the screening data capture system at no cost to providers or ELCs. The results of these screenings will determine if a referral to an early interventionist is required.

- The DEL provides funding for ASQ-SE2 screening as follow-up to provide additional information for referrals.
- Each ELC, as well as the OEL, has an Inclusion Specialist on staff who provides Inclusion Warm Line services including parent phone and in-person consultation, onsite observation, and technical assistance. The Inclusion Specialists also provide training and technical assistance to the providers as requested. These specialists connect parents with the necessary resources to meet the needs of the family.
- The DEL works with the Department of Health, the Department of Education, the Developmental Disabilities Council, and the Florida Inclusion Network to ensure any infant/toddler initiatives have considered inclusive practices for infants and toddlers with disabilities or developmental delays.
- The DEL, in collaboration with other agencies, developed a self-assessment tool to measure inclusive practices, which can be used by teachers and directors of all age groups.
- The ELCs collaborate with various agencies, such as Early Steps local affiliates, to facilitate quick and appropriate referrals, to meet the needs of children and families.
- ELCs participate on local committees, councils and boards to collaboratively facilitate the process for referrals and transitions.
- The DEL hosts a website, which connects parents, providers and teachers to Part C websites, free screenings for communication disorders (Autism Navigator), and

additional resources for understanding best practices for supporting infants and toddlers with special needs or exceptionalities.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

The state does not have a QRIS but the state quality improvement system includes infant and toddler quality improvement interventions in the state quality improvement system for all provider types. These interventions include:

- Infant/Toddler specific training, including the infant/toddler specialization
- CLASS observations with the infant and toddler tools
- CLASS Group Coaching* (formerly Making the Most of CLASSroom Interaction, MMCI) training on the CLASS infant and toddler tools
- Incentives for completing child assessments for infants and toddlers
- Coaching for Infant/Toddler teachers

Note: These trainings will be used to support quality improvement to maintain required scores in the new-tiered reimbursement system.

- Local QRI systems include these same components as well as additional targeted training and coaching requirements.

*Gold Seal Quality Care Program Rate Differential for Infants/Toddlers* is offered as a rate differential or stipend, which may not exceed more than 20 percent of an ELC's reimbursement rate, to SR providers who have achieved a Florida "Gold Seal Quality Care" designation through accreditation. Therefore increasing the availability of high quality infant/toddler providers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home



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

- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

Infant- and toddler-specific health and safety requirements are integrated into the licensing standards. These standards include but are not limited to:

- Safe Sleep training requirements
- Napping/Sleeping standards
- Prohibition of screen time for infants/toddlers
- Feeding Practices
- Ratios

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

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

- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

*Florida's Early Learning Developmental Standards: Birth to Five include all components of infant and toddler development.*

Licensed center-based

License exempt center-based

Licensed family child care home

License- exempt family child care home

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

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general

quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

**7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

Through the interagency agreement with DCF, the DCF CARES website now posts SR program assessment scores on provider profiles to assist parents in identifying quality child care programs. The DEL also creates and distributes informational pamphlets, which discuss all of the developmental domains of the *Early Learning and Developmental Standards Birth-Kindergarten* and how to best implement them.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

DEL continues to present monthly webinars for the state Infant-Toddler Specialist

Network to support their work with programs. In 2020, these webinars featured guest speakers on topics such as typical and atypical child development, social-emotional development, supporting emergent language, and managing biting.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- k. Coordinating with child care health consultants.

Describe:

Each ELC coordinates with local service providers to meet the needs of the children and families being served in child care programs.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- l. Coordinating with mental health consultants.

Describe:

The DEL coordinates initiatives with the Florida Association for Infant Mental Health. Through this partnership the DEL is currently developing a plan for the ELC coaches and inclusion specialists to work toward infant mental health specialist endorsement. The DEL is also working on a pilot through the PDGR for coordination with mental health consultants.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- n. Other.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

**7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.**

All child care programs that wish to provide SR services are required to have a program assessment with the *Classroom Assessment Scoring System* (CLASS®) and meet a minimum threshold score on the infant and toddler CLASS tools. Programs whose scores fall into a certain range are required to complete an approved quality improvement plan. This data is used for targeted training and technical assistance. In addition, ELCs with staff trained in the FSU *10 Components of Quality Infant and Toddler Care* may use the *Signs of Quality* observation tool and quality improvement plan to support infant-toddler programs in improving their quality.

## 7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

### 7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

CCR&R serves as the "front door" to early learning programs administered by DEL. Local CCR&R services include child care listings based on the family's needs, consumer education on selecting quality childcare, family engagement and community resources, and provider business resources. These services are free of charge to each family and provider, where applicable, requesting CCR&R without regard to age, level of income or individual circumstances.

### 7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

See 7.1.1 and 7.4.6 . Additionally, the CCR&R State Network serves two fundamental purposes: (1) to help parents identify and select quality early learning programs that best meet their children's needs, and (2) to provide technical assistance that addresses and improves the quality, availability and affordability of child care. Another way this is accomplished is through the provision of information and resources about quality early learning options and work/family solutions to families, child care professionals, and government entities. Each CCR&R program maintains a database of all legally operating child care providers within its service area. The CCR&R database contains licensed, license-exempt, faith-based, registered family child care homes, Head Start, Early Head Start and Migrant and Seasonal Head Start, and other non- traditional child care providers, which includes summer camps, afterschool programs and membership

organizations, such as Boys and Girls Clubs. This database is the primary data source for families searching for child care arrangements and provides parents with information about providers that participate in a quality improvement program. The data also supports local businesses by serving as advertisement for child care service providers. Each family who contacts CCR&R for information is offered a listing of child care providers that meet that family's individual needs, suggestions on how the family can proceed with their search for a child care provider, access to state child care licensing information, as well as inspection reports, and an invitation to call back if further assistance is needed. Families are also provided with access to electronic or printed consumer education to assist in their search for quality care. The CCR&R State Network tracks the number of referrals/provider listings provided to families, which include specific information regarding providers that participate in state or local quality improvement systems. Additionally, the DEL supports the quality improvement of providers through our state quality improvement system and initiatives (see section 7.8 for a detailed description of each).

## 7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

**7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.**

Describe:

The DEL funds child care health and safety inspection activities that ensure the health and

safety of children in SR child care settings through a set of minimum health and safety standards, to include training for child care personnel in licensed or license-exempt child care settings. DCF, by policy, conducts a minimum of three licensing inspections per year for facilities and two licensing inspections per year for homes. The licensing inspection template for facilities has a checklist, which corresponds with the minimum standards established in s. 402.302-402.319, F.S. and Chapter 65C-22, F.A.C., and for homes there is a checklist, which corresponds with the minimum standards established in ss. 402.302-402.319, F.S., and Chapter 65C-20, F.A.C. During each inspection visit, licensing staff have one-on-one time with the provider and can answer questions, offer technical assistance, provide updates regarding rule or policy changes, identify violations and make suggestions on how to come back into compliance. Licensing staff are required to document all violations observed at the time of inspection on the report (even those items that are corrected at the time of the inspection visit). Each noncompliance item cited requires a “due date” to be entered and a follow-up re-inspection must be completed at another date when the violation has been corrected. If a provider corrects a violation at the time of the inspection, this is notated on the inspection report “corrected at time of inspection” in place of the “due date” and does not require a re-inspection. These violations of licensing standards are still documented in the inspection report as being noncompliant. DCF’s database system captures violations from inspection reports and generates a matrix for each provider. DCF’s progressive enforcement system dictates administrative action procedures for three classification levels of violation occurrences. This system is a gradual approach to disciplinary action -- beginning with *Technical assistance and Administrative Warning Notices* and leading up to *Administrative Fines and/or Suspension/Revocation* of the provider’s license. The system is ideal for ensuring consistent consequences and for encouraging providers to comply with minimum standard requirements. The above described inspection process is not applicable to license exempt facilities or registered family day care homes. The State is seeking legislative authority to establish and implement health and safety standards for license exempt providers and the ability to ensure compliance for protection of children in all child care arrangements that receive CCDF funding. License exempt facilities or registered family day care homes that receive CCDF funding are inspected a minimum of one time per year. A checklist is used for inspection of license exempt facilities and registered family day care homes, which correspond with the minimum standards established in ss. 1002.81 – 1002.97, F.S. and Rule 6M-4.620, F.A.C.

### 7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- No
- Yes. If yes, which types of providers can access this financial assistance?
  - Licensed CCDF providers
  - Licensed non-CCDF providers
  - License-exempt CCDF providers
  - OtherDescribe:

### 7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The process for health and safety monitoring and inspections allows the DEL, DCF and the ELCs to consistently monitor compliance with health and safety and ensure that providers who are not meeting minimum health and safety standards are not eligible to serve children in the program. The inspection and monitoring process targets technical assistance to providers as they work to improve the overall health and safety of children. Additionally, this process helps inform parents on levels of health and safety by making violation and compliance records available through the public-facing provider profile.

## 7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services



**7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?**

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

The CLASS tool for Infant, Toddlers and Preschool classrooms is used to assess the quality of teacher-child interactions in classrooms in subsidized providers regardless of the provider type. The CLASS is widely researched and demonstrated to improve child outcomes and used internationally in early childhood classrooms. There is a rigorous process in place to ensure observers are reliable to assess certain care levels before they can conduct observations for OEL's tiered reimbursement system. In 2018, DEL contracted with the University of Florida to evaluate our basic framework of assessing and quality improvement in childcare centers. The findings of this evaluation determined the strategies that DEL approved for use by providers with CLASS scores below the minimum quality threshold.

**7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.**

The DEL gathers CLASS assessment data for SR Program providers to measure the quality of teacher-child interactions. The statewide data growth indicates success in quality improvement efforts. Approximately 75% of all SR providers score at or above a 4.00 on CLASS.

## 7.8 Accreditation Support

### **7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?**

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation  
ELCs provide grants for providers working towards accreditation. The DEL uses the availability of Gold Seal Accreditation funding to incentivize providers' completion of this process.

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

e. No, but the state/territory is in the in the development phase of supporting accreditation.

i. Focused on child care centers

Describe:

ii. Focused on family child care homes

Describe:

f. No, the state/territory has no plans for supporting accreditation.

### **7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

Florida's Gold Seal program acknowledges child care facilities and family day care homes that have gone above the required minimum licensing standards to become accredited by recognized agencies whose standards reflect quality in the level of care and supervision provided to children. Since 1996, the program was under the guidance and supervision of Florida's Department of Children and Families. However, the 2021 Florida Legislature moved the program to the DEL. The program's transition is still active and once complete, the DEL will re-evaluate how to best support providers in attaining accreditation. In the meantime, DEL evaluates the number of providers receiving the Gold Seal funding to assess the growth in accreditation numbers.

## 7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

The *Florida Early Learning Standards* are a continuum of developmentally appropriate skills and attitudes for children birth to age 5. The DEL approves developmentally

appropriate comprehensive curricula that is aligned to state early learning standards and provides grants and funding through local ELCs to assist providers in the purchasing access either directly or indirectly. The DEL conducts regular curricula reviews and approvals to provide the most up to date and relevant tools available. In addition, the DEL reviews and approves developmentally appropriate child assessment tools which align to standards and are able to be used in multiple settings with varying populations. The DEL has made the availability of the results of individual child assessment results available to parents in a secure online database. DEL has developed with other stakeholders a set of core competencies for Directors, Teachers and Trainers/Coaches and made them widely available plus provided training.

#### b. Preschoolers

The *Florida Early Learning Standards* are a continuum of developmentally appropriate skills and attitudes for children birth to age 5. The DEL approves developmentally appropriate comprehensive curricula that is aligned to state early learning standards and provides grants and funding through local ELCs to assist providers in the purchasing access either directly or indirectly. The DEL conducts regular curricula reviews and approvals to provide the most up to date and relevant tools available. In addition, the DEL reviews and approves developmentally appropriate child assessment tools which align to standards and are able to be used in multiple settings with varying populations. The DEL has made the availability of the results of individual child assessment results available to parents in a secure online database. DEL has developed with other stakeholders a set of core competencies for Directors, Teachers and Trainers/Coaches and made them widely available plus provided training.

#### c. and/or School-age children.

The *Florida Early Learning Standards* are a continuum of developmentally appropriate skills and attitudes for children birth to age 5. The DEL approves developmentally appropriate comprehensive curricula that is aligned to state early learning standards and provides grants and funding through local ELCs to assist providers in the purchasing access either directly or indirectly. The DEL conducts regular curricula reviews and approvals to provide the most up to date and relevant tools available. In addition, the DEL reviews and approves developmentally appropriate child assessment tools which align to standards and are able to be used in multiple settings with varying populations. The DEL has made the availability of the results of individual child assessment results

available to parents in a secure online database. DEL has developed with other stakeholders a set of core competencies for Directors, Teachers and Trainers/Coaches and made them widely available plus provided training.

**7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

Providers are required to implement an approved, developmentally appropriate curriculum, which covers best practices for supporting the child’s development in multiple domains of learning. Additionally, health and safety standards address program standards to cover each of these content areas. Monitoring efforts are done to ensure that providers are implementing an approved, developmentally appropriate curriculum, which supports these domains. CLASS assessment data on program improvement is analyzed regularly.

**7.10 Other Quality Improvement Activities**

**7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:**

The DEL is improving the quality of child care services through and increased effort in healthy social-emotional development, infant and early childhood mental health, and trauma-informed care. Through partnerships with Florida State University’s Center for Prevention & Early Intervention Policy, the University of South Florida St. Petersburg’s Infant-Family Center, the Florida Association for Infant Mental Health, and the University of South Florida, Tampa’s Florida Center for Inclusive Communities, the DEL seeks to identify and implement

services, which support all children's healthy development, self-regulation and active learning so that they are ready for kindergarten.

## 8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

### 8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

**8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:**

- a. Verifying and processing billing records to ensure timely payments to providers

Describe:

45 CFR § 75.305(b) requires that payment methods minimize the time elapsing between the transfer of funds from the U.S. Treasury and the disbursement of payments by DEL, a ELC, or other subrecipient. DEL enters into grant agreements with ELCs and a contract with RCMA that require these entities to fully implement the EFT system for efficient and timely payment processing. Under the terms and conditions of the grant agreements/contract, ELCs and RCMA are required to make payments to SR (CCDF) Child Care Providers within twenty-one (21) calendar days of the close of each month for services rendered during the prior month except as provided under law or contract. In order to ensure ELCs and RCMA have sufficient School Readiness (SR) funds to make timely payments to providers, the ELCs and RCMA may request approval for release of advanced funds based on the projected cash needs. A cash advance of SR funds to a ELC or RCMA must be limited to the minimum amount needed and must be timed in accordance with the actual, immediate cash requirements of the ELC in carrying out the purpose of the SR program 45 CFR § 75.305(b)(1); 45 CFR § 98.60(f). The timing and amount of a cash advance must be as close as administratively feasible to the actual disbursements by the ELC for direct program or project costs and the proportionate share of any allowable indirect costs per 45 CFR § 75.305(b)(1).

- b. Fiscal oversight of grants and contracts

Describe:

**Use of uniform chart of accounts. ELCs are required to use a uniform chart of accounts for reporting budget, revenue, and expenditure. DEL staff review annual budget, revenue, and expenditure reporting to ensure reporting of costs in accordance with the uniform chart of accounts, and in compliance with targeted funds and restrictions.**

**Prior approval of selected cost items.** DEL has established a prior approval process that requires ELCs and other direct subrecipients to obtain prior approval from DEL for applicable administrative requirements and cost items identified in 2 CFR §200 and 45 CFR §75. ELCs and other direct subrecipients maintain supporting documentation evidencing prior approval when obtained to avoid future disallowance of costs.

**Completion of monthly invoice workbooks.** ELCs are required to submit monthly reimbursement requests to DEL using a standardized electronic-based invoice workbook. DEL checks submitted invoice details against each entity's detailed general ledger transactions. DEL staff also verifies spending levels for administrative, non-direct, quality, direct childcare payments, and advance reconciliations for each program year to ensure each entity meets spending minimums from program guidance and related spending caps are not exceeded.

**Analytics for internal controls.** DEL requires each subrecipient complete and submit for review an annual internal control questionnaire (ICQ). This self-assessment tool helps evaluate/document the system of sound processes and procedures that exist within their organizations.

**Written policies and procedures.** Written policies and procedures are required for each necessary function (operations, IT, etc.), and each non-federal entity must:

- Correlate expenditures detail with specific program activities.
- Complete self-assessment of grants management systems, of policies and procedures and proper recordkeeping requirements.
- Establish and maintain effective control over the federal award(s).
- Evaluate and monitor its own compliance with federal/state statutes, regulations and the terms/conditions of the federal awards).
- Take prompt action when instances of noncompliance are identified, including noncompliance identified in audit findings.
- Take reasonable measures to safeguard personally identifiable information (PII) and protected personal identifiable information (PPII).

1. Federal requirement is addressed and documented by the state's current OCA-based accounting system.
2. Partial documentation of federal requirements is provided by DEL's annual ICQ process.

**Fiscal monitoring procedures for DEL subrecipients.** DEL is responsible for



ensuring that all federal, state and private funds used for Florida's early learning programs comply with federal and state laws and regulations. One of many tasks performed by DEL to meet its oversight and monitoring responsibilities includes onsite fiscal monitoring visits for the ELCs and other DEL subrecipients. DEL identifies key fiscal operating areas and scoped tests to inspect and sample detailed transactions for each subrecipient entity. The monitoring team performs the scoped tests and shares draft results with each entity's management staff while onsite or at the close/ end of the monitoring visit. A monitoring report is prepared to describe the findings, observations and related corrective actions from DEL. Each entity submits a preventive/corrective action plan reply to DEL, and DEL staff perform follow-up tasks to ensure the intended corrections are made. DEL staff also offers additional technical assistance efforts on an as-needed basis.

**c. Tracking systems to ensure reasonable and allowable costs**

Describe:

**Use of other cost accumulator codes (OCAs) for reporting costs.** To properly classify expenditures for federal reporting purposes under 45 CFR § 98.70 and for day-to-day operations of a ELC or other DEL subrecipients, it is necessary to utilize a consistent and reliable cost accounting system to report program costs incurred in an organized and systematic manner. DEL established OCA definitions for use by ELCs and other subrecipients or contractors to do this. The OCA guidance includes definitions for allowable costs, specific examples, the related federal/state regulations or state statutes and other relevant instructions to help DEL ensure consistency for federal reporting of costs and related performance objectives. These codes are also grouped into subcategories for direct services, quality activities, other non-direct service expenditures and administrative costs.

**Use of monthly budgeting/forecasting tools.** DEL staff performs monthly reviews of all ELC expenditure projections within the SR expenditure projection tool within the *School Readiness Invoice Workbook*. ELCs are required to utilize this tool, which includes administrative, non-direct, quality, direct childcare payments, and advance reconciliation for each program year.

**Desk reviews to track costs.** DEL staff perform desk reviews on selected ELC expenditures to determine the allowability of reimbursed expenditures as a compliment to the monthly invoice submission process and annual financial

**monitoring activities. These desk reviews select a limited number of sample items from administrative, quality and other non-direct service expenditures.**

 **d. Other**

**Describe:**

The following procedures are in place to ensure changes made to grant awards and contracts are completed and shared on a timely basis with DEL staff and other entities that administer the CCDF program.

- DEL performs routine grant award review/updates each program year.
- DEL maintains a dedicated network site for grant awards and contracts available to all subrecipients with copies of federal regulations, state statutes and other program guidance, reference materials and template tools.
- DEL staff attend, conduct and/or coordinate periodic training on Uniform Grant Guidance topics. DEL ensures these events allow participation of staff from all DEL subrecipients.
- DEL conducts other webinars, phone conferences and/or group and in-person training updates each program year, with participation by all subrecipients encouraged.
- DEL performs follow-up tasks and provides additional technical assistance to individual subrecipients as requested or as needed.

**Review of entity federal/state single audit reports.** DEL staff also perform annual financial statement audit report reviews to ensure consideration of other reporting mechanisms for sound financial management processes of DEL subrecipients. DEL units share the review results as needed to assist with any annual/periodic risk assessment processes.

**Conclusions:** GAAP compliance processes are in place at DEL. DEL's described processes help address basic accounting principles and guidelines that include, but may not be limited to the following.

- Cost principles
- Full disclosure principle
- Going concern principle
- Matching principle
- Revenue recognition principle
- Materiality Conservatism
- Other characteristics for accounting information to be
- Reliable, verifiable and objective
- Consistently disclosed
- Comparably presented

**8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:**

a. Conduct a risk assessment of policies and procedures

Describe:

The following periodic processes occur to analyze risks for CCDF program policies and procedures.

1. DEL staff perform ongoing/routine reviews of applicable federal/state grant program laws, rules and regulations.
2. DEL staff compile/review all proposed updates/edits each March - May for accuracy and completeness.
3. DEL shares proposed updates and edits in "draft" form with OEL subrecipients. An additional questions/comments period is available each program year.
4. DEL prepares and shares a summary of material changes each program year with subrecipients. If multiple issues/changes happen, DEL may prepare an additional "crosswalk" file to offer more help.
5. When policy updates affect an entity's SR plan disclosures, DEL staff provide additional instructions and offer specialized technical assistance as needed to each impacted entity.
6. DEL conducts other webinars, phone conferences and/or group and in-person training updates each program year, with participation by all subrecipients encouraged.

b. Establish checks and balances to ensure program integrity

Describe:

The following checks and balances to ensure program integrity are in place and shared on a timely basis with DEL staff and other entities that administer the CCDF program. DEL staff perform ongoing/routine reviews of applicable federal/state grant program laws, rules and regulations.

1. Program Integrity Unit - Accountability Section programmatic monitoring activities.
2. Program Integrity Unit - fiscal monitoring activities.
3. Financial Administration and Budget Services (FABS) - periodic desk reviews.

 c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Each ELC and RCMA must submit its SR plan, which includes the ELC's policies and procedures, to DEL for approval. Each ELC shall submit an electronic copy of its proposed SR plan to the DEL within 30 days of board approval and before implementation. DEL shall base its approval, rejection, or approval with conditions on the ELC's compliance with Chapter 1002, Part VI, F.S., the federal *Child Care and Development Fund (CCDF) Block Grant Florida State Plan*, the federal CCDF regulations located at Title 45 Code of Federal Regulations Part 98, Subparts B through G and K and the *School Readiness Plan Guide*. The ELC shall not implement SR plans or amendments without the express written approval of DEL (Rule 6M-9.115, FAC). In addition, the ELC or its designee must conduct internal file monitoring activities to ensure the accuracy of eligibility determinations (Rule 6M-4.208, FAC).

 d. Other

Describe:

The following additional risk assessment processes are in and performed on a timely basis by DEL staff for other entities that administer the CCDF program.

**Annual and periodic risk assessments.** DEL evaluates and documents the results of each subrecipient's risk of noncompliance at various stages during each program year. Assessment activities include:

- (1) preliminary/ planning assessments,
- (2) periodic updates during the year, and
- (3) post-award risk analysis tasks. DEL shares analysis results across all DEL units to help support targeted monitoring activities and program resources.

Risk factors include, but are not limited to, the following:

- Total award/contract values or special project funding;
- Recent results for entity operations (deficits, changes in service models, personnel turnover, proficiency in CCDF eligibility determinations, etc.);
- Timeliness and accuracy of reporting or required filings;
- Independent audit coverage/audit issues noted;
- Internal control environment, general operating conditions or other noted concerns.

**8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.**

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

The DEL notifies SR Program providers directly or through the ELCs and RCMA of applicable policy changes using electronic notifications, audio conference calls or webinars.

ii. Issue policy manual.

Describe:

iii. Provide orientations.

Describe:

SR Program providers are informed on CCDF program requirements by ELCs and RCMA during the provider onboard process prior to contract execution.

iv. Provide training.

Describe:

Each ELC and RCMA conducts provider trainings on an as needed basis or as directed by DEL to assist SR Program providers implement and comply with CCDF program requirements.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

The DEL requires each ELC and RCMA to monitor all SR providers according to the ELC's approved *School Readiness Plan* and Rule 6M-4.630, F.A.C., to verify

that providers are implementing effective programs as ss. 1002.82, 1002.84 and 1002.88, F.S., require. Additionally, the DEL Program Integrity Unit, Accountability monitoring section conducts biennial monitoring of each ELC and RCMA to verify compliance with CCDF program requirements as outlined in the rule, statute, federal regulations, DEL Program Guidance and Grant Agreement.

- vi. Meet regularly regarding the implementation of policies.

Describe:

Each ELC conducts regularly scheduled provider meetings to inform providers of policy changes and planned implementation.

- vii. Other.

Describe:

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

- i. Issue policy change notices.

Describe:

- ii. Train on policy change notices.

Describe:

- iii. Issue policy manuals.

Describe:

- iv. Train on policy manual.

Describe:

The DEL has created an implementation team for all policy and procedure changes reflecting the new CCDF requirements. The implementation team meets internally and with DCF on a bi-weekly basis. Updates and progress on meeting the new requirements are provided at internal staff meetings and quarterly meetings with the ELCs and RCMA. Through supervision, management oversight and meetings,

DEL will ensure all staff and subrecipients are informed of any updated policy and procedure. As existing monitoring protocols are revised to reflect the policy and procedure changes, DEL accountability stakeholders (DEL policy and monitoring staff; and ELC staff) are trained and oriented to provide assurance of a successful implementation. DEL CCDF policy staff also conduct periodic trainings with ELCs and RCMA on CCDF requirements.

v. Monitor and assess policy implementation on an ongoing basis.

**Describe:**

Each year DEL has a process in place to review all program guidance and update as necessary for any state or federal policy changes. This process extends to existing rules when any state or federal legislation is passed. Additionally, the grant agreement (between DEL and ELCs and contractors) are reviewed each year and updates are made as needed. DEL also coordinates routinely each program year with DCF to ensure staff is aware of updates/revisions to federal/state grant program definitions. Both agencies also comply with rule workshop requirements, which encourage public participation and input from local providers. DEL staff routinely review CCDF-related correspondence from USDHHS/ACF. DEL revise processes to reflect any new CCDF requirements.

Program integrity activities include, on an as needed basis, (1) revision of standardized statewide provider contracts for informal, licensed and licensed-exempt providers, (2) revision of the standardized provider contract-monitoring tool, and (3) revision of the rule for standardized *ELC School Readiness Plan* requirements. These documents all work together to provide consistent and timely information to local ELCs and program providers about definitions, mandatory annual monitoring processes and instructions for responding to parental complaints. The program guidance standards provided in these documents allow/require reporting of intentional and unintentional program violations.

The Accountability monitoring section of the Program Integrity unit conducts biennial monitoring engagements of all ELCs and DEL contractors.

Finally, the Fiscal monitoring section of the Program Integrity unit conducts annual monitoring engagements of all ELCs and DEL contractors.

- vi. Meet regularly regarding the implementation of policies.

Describe:

- vii. Other.

Describe:

#### **8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:**

DEL routinely performs tasks, processes and practices to regularly obtain timely feedback on and oversight of statewide and/or state-level operations. Examples include, but are not limited to the following activities. *In addition, a recent change management project generated recommendations for improving DEL program functions. DEL is in the process of preparing state-level narratives, process flows, questionnaires and other support files to centralize in FY2021-22 DEL's documents for internal control activities.*

##### Program oversight

- Annual risk assessments and strategic planning
- Updates on Uniform Guidance, Federal grant award and/or state laws, rules and regulations
- Annual processes in place to review/update grant award templates/files for subrecipients.
- Annual processes in place to review/update contract agreement templates/files for contractors.

##### Real-time access to current grant program reference files/resources

- DEL maintains a dedicated grant agreement SharePoint site with copies of federal regulations, state statutes and other program guidance reference materials. All subrecipients have access to this information.
- Updates to DEL program guidance files are made annually.
- DEL staff attend, conduct and/or coordinate periodic training on Uniform Grant Guidance topics.
- DEL conducts webinars, phone conferences and/or group in-person training on program updates each year for in-house staff and all DEL subrecipients.
- Verifying and processing billing records to ensure timely/accurate payments to providers.

##### Programmatic monitoring of DEL subrecipients



- Data accuracy
- Eligibility determinations and redeterminations
- Payment certificates and co-payments
- Attendance monitoring
- Governance

#### Fiscal oversight of grants and contracts

- Use of uniform chart of accounts
- Completion of monthly invoice workbooks with timely DEL reviews performed
- Prior approval of selected cost items
- Prior approval of selected transactions (emergency purchases, sole-sourced purchases, related party transactions)

#### GAAP compliance processes performed

- Tracking system to ensure reasonable and allowable costs
- Use of other cost accumulator codes (OCA codes) for reporting costs
- Use of monthly budgeting/forecasting tools
- Desk reviews to track costs

#### Fiscal monitoring of DEL subrecipients

- Review of federal/state single audit reports for DEL subrecipients
- Review of cost allocation plans/processes for DEL subrecipients

**8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.**

- Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of

fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The following statewide information system reports are currently generated: the School Readiness Duplicate Payments Report and the Total Family Income Exceeds 85% SMI Report.

SR Duplicate Payments Report -

Purpose: This report is generated to detect and help prevent potential duplicate payments that occurred between multiple providers and coalitions.

Results: When payments or attendance are duplicated then case corrections and adjustments are made. Provide technical assistance.

- Cases identified with errors requiring payment adjustment(s)

Total Family Income Exceeds 85% SMI Report -

Purpose: This report is generated to detect and help prevent families with total household gross annual income exceeding 85% of the SMI, (does not apply to at risk protective services).

Results: Conduct payment adjustments and provide 14-day notice to over income families prior to terminating services. Provide technical assistance.

- Cases identified with errors requiring payment adjustment(s)

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

ELCs are required to conduct post attendance monitoring of provider reimbursement submissions. DEL conducts biennial monitoring of ELCs and RCMA that includes a review of eligibility determinations, attendance and payment validation.

Purpose: Identify and help prevent eligibility, attendance and payment errors.

Results: Conduct payment adjustments, provide technical assistance and require

supporting documentation and corrective actions.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Rule 6M-4.208(1), F.A.C., requires that the ELC or its designee must conduct internal file monitoring activities to ensure the accuracy of eligibility determinations. DEL conducts biennial monitoring of ELCs and RCMA that includes a review of eligibility determinations, attendance and payment validation.

Purpose: Identify and help prevent eligibility, attendance and payment errors.

Results: Conduct payment adjustments, provide technical assistance and require supporting documentation and corrective actions.

v. Audit provider records.

Describe the activities and the results of these activities:

ELCs are required to conduct post attendance monitoring of provider reimbursement submissions. In addition, ELCs conduct on-site contract compliance monitoring of a sample of child care providers annually. DEL conducts biennial monitoring of ELCs and RCMA that includes a review of eligibility determinations, attendance and payment validation.

Purpose: Identify and help prevent eligibility, attendance and payment errors.

Results: Conduct payment adjustments, provide technical assistance and require supporting documentation and corrective actions.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

DEL monitoring and CCDF policy staff are continuously internally trained on CCDF policy and audits beginning on the first day of employment. Staff also participate (on a regular basis) in external trainings on contract management, audit/monitoring practices, and uniform grant guidance. Additionally, several of the monitoring/policy team staff are Florida Certified Contract Managers, which is a professional designation that has to be renewed every four (4) years.

vii. Other

Describe the activities and the results of these activities:

In accordance with Rules 6M-4.610 and 6M-4.630, F.A.C., all SR providers shall be monitored by an ELC using form OEL-SR-20M (this also applies to RCMA). This contract-monitoring tool shall also be used by an ELC to monitor a SR program provider in response to a parental complaint. Using the monitoring tool form OEL-SR 20M, the ELC shall monitor a random sample of all of its contracted SR program providers, regardless of provider type (including school district SR programs) on an annual basis. The ELC's monitoring plan may be developed to monitor 100% of its SR program providers annually.

Purpose: Verify each SR program provider is monitored annually to help prevent program compliance violations.

Results: Provide technical assistance and require corrective actions.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The following statewide information system reports are currently generated: the School Readiness Duplicate Payments Report and the Total Family Income Exceeds 85% SMI Report.

#### SR Duplicate Payments Report -

Purpose: This report is generated to detect and help prevent potential duplicate payments that occurred between multiple providers and coalitions.

Results: When payments or attendance are duplicated then case corrections and adjustments are made. Provide technical assistance.

- Cases identified with errors requiring payment adjustment(s)

#### Total Family Income Exceeds 85% SMI Report -

Purpose: This report is generated to detect and help prevent families with total household gross annual income exceeding 85% of the SMI, (does not apply to at risk protective services).

Results: Conduct payment adjustments and provide 14-day notice to over income families prior to terminating services. Provide technical assistance.

- Cases identified with errors requiring payment adjustment(s)

#### iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

ELCs are required to conduct post attendance monitoring of provider reimbursement submissions. DEL conducts biennial monitoring of ELCs and RCMA that includes a review of eligibility determinations, attendance and payment validation.

Purpose: Identify and help prevent eligibility, attendance and payment errors.

Results: Conduct payment adjustments, provide technical assistance and require supporting documentation and corrective actions.

#### iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Rule 6M-4.208(1), F.A.C., requires that the ELC or its designee must conduct internal file monitoring activities to ensure the accuracy of eligibility determinations. DEL conducts biennial monitoring of ELCs and RCMA that includes a review of eligibility determinations, attendance and payment validation.

Purpose: Identify and help prevent eligibility, attendance and payment errors.

Results: Conduct payment adjustments, provide technical assistance and require supporting documentation and corrective actions.

v. Audit provider records.

Describe the activities and the results of these activities:

ELCs are required to conduct post attendance monitoring of provider reimbursement submissions. In addition, ELCs conduct on-site contract compliance monitoring of a sample of child care providers annually. DEL conducts biennial monitoring of ELCs and RCMA that includes a review of eligibility determinations, attendance and payment validation.

Purpose: Identify and help prevent eligibility, attendance and payment errors.

Results: Conduct payment adjustments, provide technical assistance and require supporting documentation and corrective actions.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

DEL monitoring and CCDF policy staff are continuously internally trained on CCDF policy and audits beginning on the first day of employment. Staff also participate (on a regular basis) in external trainings on contract management, audit/monitoring practices, and uniform grant guidance. Additionally, several of the monitoring/policy team staff are Florida Certified Contract Managers, which is a professional designation that has to be renewed every four (4) years.

vii. Other

Describe the activities and the results of these activities:

In accordance with Rules 6M-4.610 and 6M-4.630, F.A.C., all SR providers shall be monitored by a ELC using form OEL-SR-20M (this also applies to RCMA). This contract-monitoring tool shall also be used by an ELC to monitor a SR program provider in response to a parental complaint. Using the monitoring tool form OEL-SR 20M, the ELC shall monitor a random sample of all of its contracted SR program providers, regardless of provider type (including school district SR programs) on an annual basis. The ELC's monitoring plan may be developed to monitor 100% of its SR program providers annually.

Purpose: Verify each SR program provider is monitored annually to help prevent program compliance violations.

Results: Provide technical assistance and require corrective actions.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The following statewide information system reports are currently generated: the School Readiness Duplicate Payments Report and the Total Family Income Exceeds 85% SMI Report.

SR Duplicate Payments Report -

Purpose: This report is generated to detect and help prevent potential duplicate payments that occurred between multiple providers and coalitions.

Results: When payments or attendance are duplicated then case corrections and adjustments are made. Provide technical assistance.

- Cases identified with errors requiring payment adjustment(s)

Total Family Income Exceeds 85% SMI Report -

Purpose: This report is generated to detect and help prevent families with total household gross annual income exceeding 85% of the SMI, (does not apply to at risk protective services).

Results: Conduct payment adjustments and provide 14-day notice to over income families prior to terminating services. Provide technical assistance.

- Cases identified with errors requiring payment adjustment(s)

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

ELCs are required to conduct post attendance monitoring of provider reimbursement submissions. DEL conducts biennial monitoring of ELCs and RCMA that includes a review of eligibility determinations, attendance and payment validation.

Purpose: Identify and help prevent eligibility, attendance and payment errors.

Results: Conduct payment adjustments, provide technical assistance and require supporting documentation and corrective actions.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

Rule 6M-4.208(1), F.A.C., requires that the ELC or its designee must conduct internal file monitoring activities to ensure the accuracy of eligibility determinations. DEL conducts biennial monitoring of ELCs and RCMA that includes a review of eligibility determinations, attendance and payment validation.

Purpose: Identify and help prevent eligibility, attendance and payment errors.

Results: Conduct payment adjustments, provide technical assistance and require supporting documentation and corrective actions.

v. Audit provider records.

Describe the activities and the results of these activities:

ELCs are required to conduct post attendance monitoring of provider reimbursement submissions. In addition, ELCs conduct on-site contract compliance monitoring of a sample of child care providers annually. DEL conducts biennial monitoring of ELCs and RCMA that includes a review of eligibility determinations, attendance and payment validation.

Purpose: Identify and help prevent eligibility, attendance and payment errors.

Results: Conduct payment adjustments, provide technical assistance and require supporting documentation and corrective actions.



vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

DEL monitoring and CCDF policy staff are continuously internally trained on CCDF policy and audits beginning on the first day of employment. Staff also participate (on a regular basis) in external trainings on contract management, audit/monitoring practices, and uniform grant guidance. Additionally, several of the monitoring/policy team staff are Florida Certified Contract Managers, which is a professional designation that has to be renewed every four (4) years.

vii. Other

Describe the activities and the results of these activities:

In accordance with Rules 6M-4.610 and 6M-4.630, F.A.C., all SR providers shall be monitored by a ELC using form OEL-SR-20M (this also applies to RCMA). This contract-monitoring tool shall also be used by an ELC to monitor a SR program provider in response to a parental complaint. Using the monitoring tool form OEL-SR 20M, the ELC shall monitor a random sample of all of its contracted SR program providers, regardless of provider type (including school district SR programs) on an annual basis. The ELC's monitoring plan may be developed to monitor 100% of its SR program providers annually.

Purpose: Verify each SR program provider is monitored annually to help prevent program compliance violations.

Results: Provide technical assistance and require corrective actions.

**8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.**

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

The DEL Office of Inspector General (OIG) refers suspected fraud cases to the Florida Department of Financial Services, Division of Public Assistance Fraud (DPAF) for criminal investigation. If the criminal investigation results in court ordered restitution, those restitution payments are remitted to DEL for redistribution into the child care system or repayment to ACF depending on the period of availability of the grant funding.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- 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:

There is \$0.00 threshold for each instance of fraud or intentional program violations, especially if there is court ordered restitution. During the 2019-2020 state fiscal year, DEL collected a total of \$334,344.23 in restitution payments

- 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:

DEL Office of Inspector General (OIG) refers suspected fraud cases to the Florida Department of Financial Services, Division of Public Assistance Fraud (DPAF) for criminal investigation. During the 2019-2020 state fiscal year, the following were the results of these activities related to recipient and/or provider fraud cases: DEL referred 163 cases to DPAF for criminal investigation, 103 cases were not investigated by DPAF, 49 were in screening status or pending assignment to a DPAF investigator, 5 cases were being actively investigated at year end, 6 cases were referred to the SAO for criminal prosecution. During the 2019-2020 state fiscal year, the total number of restitution ordered for prior year cases was \$281,206.10.

- iii. Recover through repayment plans.

Describe the activities and the results of these activities:

- iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

vi. Recover through other means.

Describe the activities and the results of these activities:

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

DEL has an Office of Inspector General (OIG), which consists of an Inspector General and an OIG Analyst. The mission of the OIG is to protect and promote public integrity and accountability within DEL through audits and investigations that detect fraud, waste and abuse, and administrative violations. The OIG also administers the public assistance fraud referral process for DEL and coordinates the process with external partners to ensure maximum efficiency. The OIG does not collect improper payments. Section 1002.91(8), F.S., also requires the local ELCs to adopt an anti-fraud plan, to be approved by DEL's OIG. Rule 6M-9.400, F.A.C., further delineates the responsibilities of ELCs when implementing their antifraud plans. The anti-fraud plan must be approved by the ELC board prior to submission to DEL no later than June 30 of each year. DEL will process the plan no later than September 1 of each year and shall notify the ELC in writing of approval or disapproval and the reasons for disapproval. If disapproved, a corrected plan shall be submitted no later than November 1 of each year. Additionally, ELCs have identified personnel with the responsibility of fraud prevention and detection in accordance with their approved anti-fraud plan. In addition, each ELC and RCMA are responsible for fraud prevention at the local level and have designated staff that assist with fraud prevention, detection and investigation.

viii. Other

Describe the activities and the results of these activities:

For Intentional Program Violations (IPVs), s. 1002.84(17), F.S., requires DEL to implement an anti-fraud plan to address the detection, reporting and prevention of overpayment, abuse and fraud relating to the provision of and payment for the SR Programs. Section 1002.91(8), F.S., also requires the local ELCs to adopt an anti-

fraud plan, to be approved by DEL, which addresses the items previously mentioned above. Rule 6M-9.400, F.A.C., further delineates the responsibilities of ELCs when implementing their antifraud plans. The anti-fraud plan must be approved by the ELC board prior to submission to DEL's Office of Inspector General no later than June 30 of each year. DEL will process the plan no later than September 1 of each year and shall notify the ELC in writing of approval or disapproval and the reasons for disapproval. If disapproved, a corrected plan shall be submitted no later than November 1 of each year.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

DEL sets a reporting materiality threshold of \$50 per each instance of Unintentional Program Violations (UPV) that result in improper payments. For UPV improper payments less than \$50 per each instance, DEL does not require recovery. However, DEL does require that ELCs implement corrective actions, at the point of discovery, to mitigate any future improper payments. This also includes review of operations for a review period to determine if other similar improper payments may have occurred. It will be the ELC's discretion to recover unintentional program violations (UPV) improper payments that are less than \$50 per instance. DEL sets an aggregate of instances threshold of \$150 dollars per monitoring sample. An instance is operationally defined as a singular observation of an UPV made for a unique customer or child care provider transaction, during a unique monthly billing/payment period, that results in an improper overpayment or underpayment of early learning funds. The aggregate of instances is operationally defined as the sum of all observed UPVs identified in a sample of customer or child care provider transactions, during a unique

monthly billing/payment period, that results in improper overpayments or underpayments of early learning funds.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

By way of DEL's fiscal and programmatic monitoring sections, observations of improper payments that are discovered during monitoring engagements are compiled and sent to ELCs and the RCMA via monitoring reports. Recovery of improper payments that are caused by UPVs or administrative errors is typically done at the local ELC level in accordance with DEL *Program Guidance 240.01* and Rule 6M-4.400 , F.A.C., which instructs the ELCs how to manage funding when addressing audit and monitoring disallowances, refunds and court ordered restitution. Improper payments are then forwarded to DEL, if applicable.

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

Recovery of UPV improper payments is typically done at the ELC level. Improper payments made to child care providers is recovered through offsetting subsequent reimbursements (adjusting) for the improper payment amount (if the provider is still under contract). A provider may request that adjustments be made through a repayment plan.

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

Recovery of UPV improper payments is typically done at the ELC level. Improper payments made to child care providers is recovered through offsetting subsequent reimbursements (adjusting) for the improper payment amount (if the provider is still under contract). A provider may request that adjustments be made through reducing the amount of subsequent reimbursements until the improper payment is reconciled.

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

- vii. Recover through other means.

Describe the activities and the results of these activities:

- viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

By way of DEL's fiscal and programmatic monitoring sections, observations of improper payments that are discovered during monitoring engagements are compiled and sent to ELCs and the RCMA via monitoring reports. In addition, under the statewide information system, the programmatic monitoring section reviews system generated reports that identify potential errors that could result in UPVs. If improper payments are validated via the monitoring reports or the statewide information system generated reports, ELCs and the RCMA are required to recover all overpayments that are feasible.

- ix. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i. N/A. the Lead Agency does not recover misspent funds due to agency errors.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

ELCs shall not take action to recover an incorrect parent co-payment, (from a provider or parent), made due to an error of the ELC. However, DEL does require that ELCs implement corrective actions, at the point of discovery, to mitigate any future improper payments. This also includes review of operations for a review period to determine if

other similar improper payments may have occurred. DEL sets an annual materiality threshold of \$1,500 of the total overpayment for child care provider reimbursement improper payments that are due to agency administrative errors. It will be DEL's discretion, in coordination with the ELC, to recover agency error improper payments that are less than this amount.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

Recovery of improper payments that are caused by UPVs or administrative errors is typically done at the local ELC level in accordance with DEL *Program Guidance 240.01* and Rule 6M-4.400, F.A.C., which instructs the ELCs how to manage funding when addressing audit and monitoring disallowances, refunds and court ordered restitution. Improper payments are then forwarded to DEL, if applicable

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

Recovery of improper payments that are caused by UPVs or administrative errors is typically done at the local ELC level in accordance with DEL *Program Guidance 240.01* and Rule 6M-4.400, F.A.C., which instructs the ELCs how to manage funding when addressing audit and monitoring disallowances, refunds and court ordered restitution. Improper payments are then forwarded to DEL, if applicable

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

- vii. Recover through other means.

Describe the activities and the results of these activities:

- viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

By way of DEL's fiscal and programmatic monitoring sections, observations of improper payments that are discovered during monitoring engagements are compiled and sent to ELCs and the RCMA via monitoring reports. In addition, under the statewide information system, the programmatic monitoring section reviews system generated reports that identify potential errors that could result in UPVs. If improper payments are validated via the monitoring reports or the statewide information system generated reports, ELCs and the RCMA are required to recover all overpayments that are feasible.

ix. Other

Describe the activities and the results of these activities:

**8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:**

a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

Rule 6M-9.400, F.A.C., requires the ELC to provide written advance notice of the intended action to suspend or terminate benefits to the recipient to be affected and it must clearly advise of the allegations, the basis of the allegations, the intended action and the date the action is to be imposed. The ELC shall send the written advance notice at least 14 calendar days before the intended action. The length of time for which the recipient's benefits are suspended or the date of the termination of benefits shall be proportionate to the alleged offense committed, consistent with suspensions or terminations issued to other recipients who allegedly committed comparable offenses, and may also consider prior offenses, as appropriate. A suspension or termination shall not be applied against recipients with a valid at-risk referral. If the recipient believes that the issue was not resolved by the ELC, the recipient may file a formal written appeal for review by the executive director of the ELC that must be postmarked or emailed before the date of the intended action, whichever is later. If the recipient files a timely appeal, he



or she will not be suspended or terminated from the program until the written decision of the executive director or the original date of the intended action, whichever is later. The executive director of the ELC or other executive staff person designated by the ELC board must respond to the recipient, in writing, within 30 days of receiving the appeal with a decision as to whether the suspension or termination will be upheld or modified. The recipient who wishes to appeal the decision of the executive director of the ELC or other executive staff person designated by the ELC board may request further review by an appeals committee with 10 calendar days of the date of the executive director or other executive staff person designated by the ELC board's written response to the recipient's formal written appeal. The appeals committee shall be convened within 45 calendar days of receipt of the recipient's request for an appeal. The appellant shall be notified in writing of the appeals committee's determination within 10 days of the date of the meeting. The determination of the appeals committee shall be final.

b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

In accordance with s. 1002.91 (4), F.S., the ELC may suspend or terminate the provider from participating in the SR Program when it has reasonable cause to believe that the provider has committed fraud. If suspended, the provider shall remain suspended until the completion of any investigation by DEL, the Department of Financial Services (DFS), or any other state or federal agency, and subsequent prosecution or other legal proceeding. The provider may request in writing a review of the determination made by the ELC within five business days of receipt of notice of the determination, which the provider believes to be incorrect. If the ELC receives a request for a review hearing from the provider, the ELC must address the request by assigning a review hearing committee within three days of the request and send a written response to the provider within five days of the request. The hearing must convene within 45 days of the request. Within five business days of receipt of the response to a request for a review hearing, the provider must inform the ELC of preferred date and time of the hearing and whether the provider will meet in person or via a method of telecommunication. Following completion of the presentation by the provider and the ELC, the review hearing committee will vote regarding each of the provider's claims. A written notice of the review-hearing conclusion is given to the provider that states the outcome of each of the provider's claims and reasons supporting the committee's decision. The decision of the Review Hearing

Committee is final.

c. Prosecute criminally.

Describe the activities and the results of these activities:

Parents and providers suspected of fraudulent activities are referred to the Office of Inspector General for staff to validate the referral within 72 hours of entry into the fraud referral system. If warranted, the referral is then submitted to DPAF for further investigation. If there is enough evidence to support legal action then restitution and or criminal penalties could be imposed which may include removal from the SR Program.

d. Other.

Describe the activities and the results of these activities:

## Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.